

Application for Renewal of Authorization as a Therapeutic Survey Physicist or Therapeutic Calibration Physicist

Select the category(s) for which you are renewing authorization:

- Therapeutic Survey Physicist **TSP #** _____
- Therapeutic Calibration Physicist **TCP #** _____

Please type or print all information

Last Name	First Name	Middle Name
SSN/ITIN	Phone Number	Email Address
<p>Note: SSN and ITIN numbers are only required for individuals previously approved prior to October 1, 2020. The information you provide on this form (except for the social security number) may be made public under the California Public Records Act; please provide a P.O. Box number or other alternate address if you do not wish to have your home address made public.</p>		
Mailing Address (Number and Street or P.O. Box Number)		
City	State	Zip Code
<p>I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke authorizations that are procured by fraud, misrepresentation, or mistake.</p>		
Signature		Date

Pursuant to the authority found in Sections 100275 and 115100 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number (SSN)/individual taxpayer identification number (ITIN) is mandatory. The SSN/ITIN will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes.

APPLICATION FEE FOR RENEWAL OF AUTHORIZATION AS A THERAPEUTIC SURVEY PHYSICIST OR THERAPEUTIC CALIBRATION PHYSICIST IS \$267.00.

Radiologic Health Branch Use Only				
\$267.00 Application fee submitted	Yes	No	By:	Date:

A. Except for individuals who were previously approved or authorized to conduct therapeutic radiation protection surveys prior to October 1, 2020, applicants must submit:1. Therapeutic Survey Physicist (TSP) Renewal Requirements:

- American Board of Radiology (ABR) certificate in Therapeutic Medical Physics; or
- American Board of Health Physics (ABHP) certificate in Health Physics; or
- American Board of Medical Physics (ABMP) certificate in Medical Health Physics or Radiation Oncology Physics; or
- Canadian College of Physicists in Medicine (CCPM) certification in Radiation Oncology Physics;
- **OR** if not certified by any of the above organizations, proof of completion of 15 approved continuing education credits in the three years immediately preceding expiration date from The Commission on Accreditation of Medical Physicists Educational Programs, Inc. or American Academy of Health Physics. Documentation shall include:
 - The name of the approving organization.
 - The name of the instructor or provider and their contact information.
 - A description of the instruction provided.
 - The dates of the instruction.

2. See California Code of Regulations, Title 17 (17 CCR) section 30313.09 for TSP renewal eligibility requirements.

B. Except for individuals who were previously approved or authorized to conduct therapeutic X-ray systems calibrations prior to October 1, 2020, applicants must submit:1. Therapeutic Calibration Physicist (TCP) Renewal Requirements:

- American Board of Radiology (ABR) certificate in Therapeutic Medical Physics; or
- American Board of Medical Physics (ABMP) certificate in Radiation Oncology Physics; or
- Canadian College of Physicists in Medicine (CCPM) certification in Radiation Oncology Physics;
- **OR** if not certified by any of the above organizations, proof of completion of 15 approved continuing education credits in the three years immediately preceding expiration date from The Commission on Accreditation of Medical Physicists Educational Programs, Inc. or American Academy of Health Physics. Documentation shall include:
 - The name of the approving organization.
 - The name of the instructor or provider and their contact information.
 - A description of the instruction provided.
 - The dates of the instruction.

2. See 17 CCR section 30313.20 for TCP renewal eligibility requirements.

C. Mail completed form, supporting documents, and application fee to:

- **Regular Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
P.O. Box 997414, MS 7610
Sacramento, CA 95899-7414
- **Express Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
1500 Capitol Avenue, 5th Floor, Building 172
Sacramento, CA 95814-5006

D. For additional information, visit our website at www.cdph.ca.gov/rhb or call (916) 327-5106.