

*Renewals will not be considered complete until both the renewal payment and continuing education credits have been received by the department.*

## Supervisor and Operator Certificate or Permit Renewal Check List:

### 1. Renewal Payment:

Return the completed Special Renewal Application (page 2) along with your nonrefundable renewal payment in the form of a check or money order made payable to “CDPH-RHB”. The fees per category are as follows:

- \$104.00** per category if your certificate has not expired.
- \$120.00** per category if your certificate expired within the past six months.
- \$224.00** per category if your certificate expired within the past 5½ years.

*Note: Certificates cannot be renewed after 5½ years from the expiration date. You will need to reapply.*

### 2. Continuing Education Credits:

An approved continuing education credit is one hour of instruction received in subjects related to the application of X-ray to the human body and accepted for purposes of credentialing, assigning professional status, or certification. You are required to earn 10 approved continuing education credits within the past two years.

- **Fluoroscopy Supervisor and Operator Permit holders are required to earn four of the ten credits in radiation safety for the clinical uses of fluoroscopy.**

For further information on continuing education credit requirements, you may visit [RHB Continuing Education Credits Requirements Page](#) . Failure to provide a complete renewal, will delay the update of your certificate.

*Do not submit copies of your certificates. You are required to maintain proof of continuing education for four years, to be provided upon request.*

### 3. Mail your renewal payment and continuing education credits to:

#### **Mailing Address:**

CDPH-Radiologic Health Branch  
Billing/Cashiering, MS 7610  
P.O. Box 997414  
Sacramento, CA 95899-7414

#### **Express Mail:**

CDPH-Radiologic Health Branch  
Billing/Cashiering, MS 7610  
1500 Capitol Avenue  
Sacramento, CA 95814-5006

A valid temporary authorization will be available to view and print for work purposes, within 24-48 hours after your completed renewal is processed, at [RHB Certificate/Permit Search Tool](#) .

**SPECIAL RENEWAL APPLICATION  
Supervisor and Operator Certificate or Permit**

Certificate Number	Certificate Expiration Date	Phone Number
Last Name, Suffix	First Name	Middle Name
Social Security Number / ITIN	Date of Birth (MM/DD/YYYY)	Email Address
Mailing Address or P.O. Box Number <input type="checkbox"/> Check if you are requesting to change your address		
City	State	Zip Code

Name change requests must be accompanied by a copy of a certified superior court order allowing the name change and a government issued picture ID, such as a driver’s license, military ID, or passport. The information you provide on this form may be made public by the California Public Records Act; please provide a P.O. Box number or other alternate address and/or an alternate phone number if you do not wish to have your home address and/or phone number made public.

Healing Arts license type (please check one): <input type="checkbox"/> M.D. or D.O. <input type="checkbox"/> D.P.M. <input type="checkbox"/> D.C.	
License Number	Expiration Date

**Please list your 10 required credits in the space provided below, accordingly.** Complete extra copies of this application as needed to list the approved continuing education credits you have earned. Indicate the certifying organization letter below in “Group” \*: (a) American Registry of Radiologic Technologists (ARRT), (b) Medical Board of California, (c) Osteopathic Medical Board of California, (d) Podiatric Medical Board of California, (e) California Board of Chiropractic Examiners, (f) Dental Board of California.

Course Title				
Provider or Sponsor	Provider Contact Information	Date	*Group	Hours
Course Title				
Provider or Sponsor	Provider Contact Information	Date	*Group	Hours
Course Title				
Provider or Sponsor	Provider Contact Information	Date	*Group	Hours

**REQUEST FOR CANCELLATION (optional)**

**Please note: If you request to cancel your certificate/permit, you are not eligible for reinstatement and will need to reapply for a new certificate/permit.**

<input type="checkbox"/> I wish to cancel one or more of my certificate/permit categories. Please cancel the following certificate/permit categories:
<input type="checkbox"/> I wish to cancel <b>ALL</b> of my certificate(s)/permit(s). (Do not submit payment)

*I certify that the information provided in this application for renewal is true and correct. I understand that the California Department of Public Health may revoke certificates or permits that are procured by fraud, misrepresentation, or mistake, or for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this State unless I am certified pursuant to the Radiologic Technology Act, I am acting within the scope of that certification.*

Signature (Original Signature Required)	Date
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