Radiologic Technologist Fluoroscopy Permit Application - Examination Required

(Failure to use your full legal name may result in entrance into the examination being denied.)

Last Name (Please Print)	First Name	Middle Name	
Date of Birth	SSN or ITIN*	Phone Number	
Mailing Address (Number and Street or P.O. Box Number)		E-mail Address	
City		State	Zip Code

ATTENTION! You must provide one of the following for your application to be considered:

☐ Current California Diagnostic Radiologic Technology Certificate Number:_____

Or

☐ A completed application for a Diagnostic Radiologic Technology Certificate with your American Registry of Radiologic Technologists (ARRT) Certificate in Radiography.

*Social Security Number or Individual Taxpayer Identification Number

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the SSN/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. The information you provide on this form (except for SSN/ITIN) 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. This information may also be provided to the American Registry of Radiologic Technologists (ARRT) for examination purposes. For information or access to your records, contact the Certification Support Unit at the California Department of Public Health, Radiologic Health Branch (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

IMPORTANT: If you passed the ARRT Radiography examination on or after January 1, 2011, do not complete this application. Please refer to the Radiologic Technologist Fluoroscopy Permit Application – Examination Not Required form CDPH 8228.

REQUIREMENTS TO OBTAIN A CALIFORNIA RADIOLOGIC TECHNOLOGIST FLUOROSCOPY PERMIT – EXAMINATION REQUIRED

You must submit this application along with the following:

- The non-refundable application fee of $112.00 in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB, and one of the following:

  ☐ A copy of your graduation diploma or certificate from a CDPH-RHB approved radiologic technologist fluoroscopy school; ***or***

(Failure to use your full legal name may result in entrance into the examination being denied.)

Last Name (Please Print)	First Name	Middle Name

☐ Documentation that you graduated from a diagnostic radiologic technology program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and passed the American Registry of Radiologic Technologists (ARRT) radiography examination; ***or***

☐ Documentation that you are certified by ARRT in radiography and are a current ARRT Registrant.

Please mail this application, all supporting documents, and payment for the non-refundable application fee of $112.00 to:

USPS First-Class Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Accounts Receivable and Cashiering Unit
P. O. Box 997414
Sacramento, CA 95899-7414, *or*

Express Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Accounts Receivable and Cashiering Unit
1500 Capitol Ave., Suite 520, Bldg. 172
Sacramento, CA 95814-5006

NOTIFICATION OF APPLICATION STATUS

Within 30 calendar days of receipt of your application, CDPH-RHB will mail you a notification letter. The notification letter will inform you of one of the following:

- That your application is acceptable and instructions regarding the next steps in the examination process; *or*
- That your application is not acceptable for filing and next steps.

I certify that the information provided with this application 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 have been granted a certificate or permit pursuant to the Radiologic Technology Act, am acting within the scope of that certificate or permit, and am acting under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.

Signature	Date