

## Radiologic Technology Certificate Application

**(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	Social Security Number	Phone Number	
Mailing Address		Email Address	
City	State	Zip Code	

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 social security number is mandatory. The social security number 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. 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.

### HOW DO I OBTAIN A CALIFORNIA RADIOLOGIC TECHNOLOGY CERTIFICATE?

- 1) You must select the appropriate certificate category:
  - Diagnostic Radiologic Technology Certificate
  - Therapeutic Radiologic Technology Certificate
  
- 2) If you *are* nationally certified by ARRT for the category you selected above, you must return this application along with the following:
  - A copy of the ARRT certificate for Radiography or Radiation Therapy.
  - The non-refundable application fee of \$88.00 in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB.
  
- 3) If you *are not* nationally certified by ARRT for the category selected above, you must take and pass an examination for the certificate category, provided you meet the requirements to sit for the examination. You must return this application along with the following:
  - A copy of your graduation diploma or certificate from a CDPH-RHB approved school in diagnostic or therapeutic radiologic technology.
  - The non-refundable application fee of \$88.00 in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB.

### HOW WILL I BE NOTIFIED ABOUT THE STATUS OF MY APPLICATION?

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 complete and the CDPH-RHB's decision regarding your application; or
- That your application is acceptable and what examination you must pass within one calendar year in order to obtain the certificate, and instructions on how to submit payment of the non-refundable examination fee; or
- That your application is not accepted for filing and what specific information, documentation or fee you must submit within 30 calendar days in order for CDPH-RHB to consider the application acceptable.

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Last Name (Please Print)	First Name	Middle Name
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**Please note:** If you wish to apply for both certificate categories, you must submit a separate application for each certificate category along with the non-refundable application fee of \$88.00 for each application.

Please mail this application, all supporting documents, and the non-refundable application fee of \$88.00 to:

California Department of Public Health  
Radiologic Health Branch, MS 7610  
Accounts Receivable and Cashiering Unit  
P.O. Box 997414  
Sacramento, CA 95899-7414

*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 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 certified pursuant to the Radiologic Technology Act, acting within the scope of that certification, and acting under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.*

Signature	Date
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CDPH-RHB Use Only	
Certificate Number:	
Class Code:	
Date Issued:	
Issued By:	