

REQUIREMENTS FOR CALIFORNIA STATE CERTIFICATION IN MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY

EXAMINATION REQUIREMENTS

1. Applicants must be California-certified in Diagnostic Radiologic Technology.
2. Applicants, who document passing the American Registry of Radiologic Technologists (ARRT) examination in Mammography, ARRT(M), will be issued a California certificate in Mammographic Radiologic Technology without examination.
3. To become ARRT-certified in Mammography, contact the ARRT directly.

IMPORTANT NOTE: “Clinical experience prior to examination and certification obtained in California can only be provided to students currently enrolled in an approved California Diagnostic Radiologic Technology School program or in an approved California Mammography School program. Clinical experience obtained outside California is acceptable”.

4. Applicants who cannot document having passed the ARRT(M) examination, must complete and pass the **state Mammographic Radiologic Technology Examination** administered by the ARRT. **IMPORTANT NOTE:** The ARRT administered examination for state candidates is used for state certification only.

APPLICATION PROCESS

1. Submit a COMPLETE Radiologic Health Branch (RHB) Mammographic Radiologic Technology application.
2. Submit the non-refundable **California Department of Public Health-Radiologic Health Branch APPLICATION FEE** of \$75.00 in the form of a check or money order made payable to the (CDPH-RHB).
3. Submit documentary evidence that applicant is California-certified in Diagnostic Radiologic Technology.
4. Submit documentary evidence of having completed 40 hours of continuing education in mammography courses **OR** of having passed the ARRT(M) examination.
5. Applicants required to take the state examination (see Examination Requirements above) and postmarking applications prior to January 1, 2008, must also submit to the Department the nonrefundable **EXAMINATION FEE** of **\$100.00** in the form of a cashier's check or money order (*personal or business checks are not accepted*) made payable to the ARRT. **After January 1, 2008, do not send the examination fee to CDPH-RHB. The \$100.00 examination fee will be paid directly to ARRT after you receive a notification letter from CDPH-RHB.**
6. Mail all material to the California Department of Public Health.

EXAMINATION PROCESS

1. Applicants approved to complete the state Mammographic Radiologic Technology examination administered by the ARRT will receive examination information in a notification of eligibility approval letter from CDPH-RHB. After January 1, 2008, approved candidates pay the examination fee directly to ARRT via a secure Internet website or by mailing a copy of the CDPH-RHB approval letter and \$100.00 cashier's check or money order (payable to ARRT) directly to the ARRT.
2. After applicants complete the examination, the ARRT notifies CDPH-RHB of the examination results.
3. CDPH-RHB will inform applicants of examination results.

APPLICATION FOR A CERTIFICATE IN MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY

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

Last Name	First Name	Middle Initial	Date of Birth
Mailing Address			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code	Home Telephone Number ()
Social Security Number	E-mail Address	Fax number ()	Work Telephone Number ()

NOTE: You may submit your P.O. BOX address rather than your home address if no other business address is available.

California Diagnostic Radiologic Technology Certificate Number _____

Please provide previous name(s) used if applicable: _____

Have you passed the American Registry of Radiologic Technologists examination for Advanced Qualification in Mammography, ARRT (M)?

YES NO

- If YES, submit the following:
- (1) Completed application form
 - (2) Application fee
 - (3) Copy of your California Diagnostic Radiologic Technology Certificate
 - (4) Documentary evidence that you have passed the ARRT(M) examination

- If NO, submit the following:
- (1) Completed application form
 - (2) Application fee
 - (3) Examination fee if postmarking application prior to January 1, 2008
 - (4) Copy of your California Diagnostic Radiologic Technology certificate
 - (5) Documentary evidence of completion of 40 hours of continuing education in Mammography courses

I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke 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-Ray on human beings in this state unless I have been granted a permit pursuant to the Radiologic Technology Act, acting within the scope of that permit, and under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.

PLEASE READ PRIVACY NOTIFICATION ON THE NEXT PAGE BEFORE SIGNING.

Signature of Applicant	Date
Mail application, supporting documents, and fee(s) to: Accounts Receivable & Cashiering Unit California Department of Public Health Radiologic Health Branch, MS 7610 P.O. Box 997414 Sacramento, CA95899-7414	CDPH-RHB USE ONLY 180 days: _____ School Code: _____ <input type="checkbox"/> Fee Paid

Class Code: _____ Certificate Number: _____ Issue Date: _____
 Issued By: _____ Coded By: _____ Date Coded: _____

PRIVACY NOTIFICATION: This information is requested by the California Department of Public Health, Radiologic Health Branch, and is needed to determine your eligibility for admission to the mammographic examination pursuant to Section 107005 of the Health and Safety Code. Unless otherwise noted, the information requested is mandatory. Failure to provide the information may result in denial of your application. The information 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 for examination purposes. For information or access to your records, contact California Department of Public Health, Radiologic Health Branch, Certification Support Unit, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414; telephone (916) 327-5106; or www.cdph.ca.gov.

THIS SPACE FOR DEPARTMENT OF PUBLIC HEALTH USE ONLY

Comment: _____
