Please Do Not use this Renewal Application if your permit expires on or after January 31, 2015

*SPECIAL RENEWAL APPLICATION

*This application is for use **only** by those who did not receive their renewal billing notice 45 days before their expiration date.

**For X-Ray Technician Limited Permits Excluding Bone Densitometry

** Use **Form CDPH 8232 BD SRA** to renew your **X-Ray Technician Bone Densitometry Permit.**

Permit Number		Permit Expiration Date
Last Name, suffix	First Name	Middle Name
Mailing Address ☐ Check this box if this is a change of address since your last permit was issued.		
City		
State	Zip Code	Phone Number

It is very important that you provide your full true name. Pursuant to the California Code of Civil Procedure Section 1275, 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.

Return this completed application with your applicable **nonrefundable** renewal fee payment in the form of a check or money order made payable to "**CDPH-RHB**" for **ALL categories shown on your permit** to the address below.

- ☐**$70.00 per category** if your permit has not expired.
- ☐**$81.08 per category** if your permit expired within the past six months.
- ☐**$151.08 per category** if your permit expired within the past 5½ years.

Note: *Permits cannot be renewed after 5½ years from the expiration date, you will need to reapply.*

A valid temporary authorization will be available to view and print for work purposes, within 24-48 hours after your renewal is processed, at http://rhbxray.cdph.ca.gov/.

You are required to earn 24 approved continuing education credits within the past two years. Complete extra copies of page 2 of this application if needed to list the required approved continuing education credits you have earned and return them along with this page and payment to:

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

Overnight/express mail (USPS, FedEx, etc.) must be sent to:
Billing and Cashiering Unit
CDPH-RHB
1500 Capitol Avenue, Suite 520,
MS 7610, Bldg. 172
Sacramento, CA 95814-5006

REQUEST FOR CANCELLATION ***Please note:*** *If you request to cancel your permit(s), you are not eligible for reinstatement and will need to reapply for a new permit(s).*

☐ I wish to cancel one or more of my permit categories. Please cancel the following permit(s):

- ☐Extremities
- ☐Skull
- ☐Chest
- ☐Dermatology
- ☐Torso-Skeletal
- ☐Dental Laboratory
- ☐Leg-podiatric
- ☐Gastrointestinal
- ☐Genitourinary
- ☐Photofluorography

☐ I wish to cancel ALL of my permits.

Earned Approved Continuing Education Credits for Renewing California X-Ray Technician Limited Permits

To renew California X-Ray Technician permit(s) you are required to return this completed application along with your renewal fee. Do not submit copies of your certificates. You are required to maintain proof of continuing education for four years, to be provided upon request. Complete extra copies of this page as needed to list the required approved continuing education credits you have earned.

Permit Number	Permit Expiration Date
Last Name, suffix	First Name

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, by any of the following groups*: (a) American Registry of Radiologic Technologists (ARRT), (b) Medical Board of California, (c) Osteopathic Medical Board of California, (d) Board of Podiatric Medicine, (e) California Board of Chiropractic Examiners, (f) Board of Dental Examiners.**

I have earned the following 24 approved continuing education hours/credits.

Additional Requirements (Check applicable box)

☐ I attest that four of the credits provided are in digital radiography **(Required for holders of Digital Authorization permits)**.

Course Title				
Provider or Sponsor	Location (City, State)	Date	Code**	Hours*
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours

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, and I am acting under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.

Signature	Date