*SPECIAL RENEWAL APPLICATION

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

Supervisor and Operator Certificate or Permit

Check categories listed on document ☐ **Radiography** ☐ **Fluoroscopy** ☐ **Radiology** ☐ **Dermatology**	Certificate or Permit Number		Certificate or Permit Expiration Date
Last Name, suffix	First Name		Middle Name
Social Security Number	Phone Number		
Mailing Address ☐Check this box if this is a change of address since your last certificate or permit was issued.			
City		State	ZIP Code

It is very important that you provide your full true name.

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. For information or access to your records, contact the Chief of the Certification Unit at the California Department of Public Health, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Return this form along with a nonrefundable renewal fee payment in the form of a check or money order made payable to "**CDPH-RHB**" *(California Department of Public Health – Radiologic Health Branch)* for **ALL categories shown on your certificate or permit**:

- ☐ **$70.00 for each category** if certificate or permit has not expired.
- ☐ **$81.08 for each category** if certificate or permit expired within the past six months.
- ☐ **$151.08 for each category** if certificate or permit expired within the past 5½ years.

Note: Certificates or permits can not be renewed after 5½ years from the expiration date. You will need to reapply.

REQUEST FOR CANCELLATION

☐ I do not wish to renew one or all of my certificate(s) or permit(s). Cancel the following certificate or permit: ___________________

You are required to earn 10 hours of approved continuing education credits within the past two years. Complete extra copies of page 2 of this form as needed to list the required approved continuing education credits you have earned and return them along with this page and payment to:

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

I certify that all 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, and 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, and I am acting within the scope of that certification.

Signature	Date

Earned Approved Continuing Education Credits For Renewing A Supervisor and Operator Certificate or Permit

This list can only be accepted when submitted with a completed RENEWAL APPLICATION form and fees.

Check categories listed on document ☐ **Radiography** ☐ **Fluoroscopy** ☐ **Radiology** ☐ **Dermatology**	Certificate or Permit Number	Certificate or Permit Expiration Date

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**:

Code	Group
A.	American Registry of Radiologic Technologists;
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.

Healing Arts license type (circle)

1. M.D. or D.O.
2. D.P.M.
3. D.C.

Healing Arts License # ____________ Healing Arts Expiration Date ____________

I have earned the following 10 approved continuing education hours/credits.

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

Do not send copies of Continuing Education documents. You are required to maintain the documents for five years so that you can make them available to the Department upon request.

I certify that I have earned the approved continuing education credits listed on this form. I understand that the California Department of Public Health may revoke certificates or permits that are procured by fraud, misrepresentation, or mistake.

Signature	Date