

## PET/CT On-the-Job Training (OJT) Registration Application

Applicant's Name (Last)	(First)	(Middle)
Mailing Address (Street, City, State, Zip Code)		
Telephone Number (     )	E-Mail Address (optional)	

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 Registration and 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 PET/CT ON-THE-JOB TRAINING AUTHORIZATION?

1. Check the appropriate category:
  - Initial Registration
  - A one-time, six-month registration extension
2. Certificate type and number held by applicant (check one):
  - Certified Diagnostic Radiologic Technologist, Certificate Number: \_\_\_\_\_
  - Certified Technologist Nuclear Medicine, Certificate Number: \_\_\_\_\_
3. Certificate type and organization for which activities will be performed (check one):
  - PET Permit, Nuclear Medicine Technology Certification Board
  - CT Certificate, American Registry of Radiologic Technologists

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

Within 30 days of receipt of your application, you will receive a notification letter from CDPH-RHB of one of the following:

- That your application is complete and the CDPH-RHB decision regarding your application; or
- That your application is not accepted for filing and what specific information or documentation you must submit within 30 calendar days in order for CDPH-RHB to consider the application acceptable.

### OATH (Declaration)

*I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke certifications or registrations that are procured by fraud, misrepresentation, or mistake. Further, I am aware that it is unlawful to use PET/CT equipment unless I am in compliance with the Radiologic Technology Act, the nuclear medicine technology laws, and implementing regulations.*

Applicant Signature	Date
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### APPLICANT INSTRUCTIONS

1. Submit a letter from each facility where performance of activities will occur, as described on page 2 of this application.
2. Mail the completed application and any additional documentation to:

Attn: Certification Unit, PET/CT OJT Registration  
California Department of Public Health  
Radiologic Health Branch, MS 7610  
P.O. Box 997414  
Sacramento, CA 95899-7414

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### OJT PARTICIPATION INFORMATION

The applicant named above is seeking on-the-job training authorization from CDPH-RHB for the purposes of complying with section 106976 or 107115 of the Health and Safety Code. If approved, a registration acknowledgement letter will be mailed to the applicant. A copy of this letter will also be mailed to each facility where the applicant is seeking to perform the necessary clinical procedures. Documentation in support of this application, including a copy of this application and the applicant's registration acknowledgement letter is to be maintained and made available for Department inspection. Please note that performance of the required clinical procedures by the applicant is to occur only during the period of time specified in the applicant's registration acknowledgement.

### FACILITY INSTRUCTIONS

Each facility where the applicant is seeking to perform PET or CT on-the-job training shall provide a letter on facility letterhead containing the following information:

- Identification of the facility and its mailing and physical addresses.
- The Radioactive Materials License Number issued pursuant to the Radiation Control Law.
- The Registration (Facility) Number issued pursuant to the Radiation Control Law.
- Identification of the applicant within the letter.
- A statement that the applicant is approved to perform activities in the facility to meet the clinical competencies required by the Nuclear Medicine Technology Certification Board (NMTCB) or the American Registry of Radiologic Technologists (ARRT), as applicable.
- The name, signature and date of signature of the person providing supervision in accordance with the Health and Safety Code, section 107155(d)(4)(A)(ii) or 106976(a).

The letter is to be provided to the applicant who shall submit it to CDPH-RHB along with the PET/CT OJT Registration Application.