

Application for Authorization as a Therapeutic Survey Physicist or Therapeutic Calibration Physicist

Select only one category for which you are applying:

Therapeutic Survey Physicist (TSP) – (for protection surveys only)

Therapeutic Calibration Physicist (TCP) – (for machine calibrations and protection surveys)

PLEASE TYPE OR PRINT ALL INFORMATION

Last Name	First Name	Middle Name
SSN/ITIN	Phone Number	Email Address
<p>Note: The information you provide on this form (except for the social security number) may be made public under the California Public Records Act; please provide a P.O. Box number or other alternate address if you do not wish to have your home address made public.</p>		
Mailing Address (Number and Street or P.O. Box Number)		
City	State	Zip Code
<p>I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke authorizations that are procured by fraud, misrepresentation, or mistake.</p>		
Signature		Date

Pursuant to the authority found in Sections 100275 and 115100 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number (SSN)/individual taxpayer identification number (ITIN) is mandatory. The SSN/ITIN 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 and submittal of this application, contact the Chief of the Registration Unit at the California Department of Public Health, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106, RHBRMT@cdph.ca.gov

Application for authorization as a therapeutic survey physicist or therapeutic calibration physicist fee \$312.00.

FOR RADIOLOGIC HEALTH BRANCH USE ONLY

\$312.00 Application fee submitted Yes No BY: DATE:

All applicants must submit a completed CDPH 4256 (6/2023) with application fee, and the supporting documents required in 17CCR 30313.05 & 30313.07 (for TSP) or 17CCR 30313.10 & 30313.15 (for TCP).

MAKE CHECKS PAYABLE TO: “California Department of Public Health - Radiologic Health Branch”

MAIL COMPLETED FORM, SUPPORTING DOCUMENTS, AND APPLICATION FEE TO:

- **Regular Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
P.O. Box 997414, MS 7610
Sacramento, CA 95899-7414
- **Express Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
1500 Capitol Avenue, 5th Floor, Building 172
Sacramento, CA 95814-5006