

Application for Authorization to Conduct Mammography Surveys in the State of California

PLEASE TYPE OR PRINT ALL INFORMATION

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|--|--------------|---------------|--|
| 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.

EDUCATION, TRAINING AND EXPERIENCE

All applicants must submit the following:

1. Documentation that you have been awarded a master's degree or higher in a physical science from an accredited institution, with no less than 20 semester hours or 30 quarter hours of college undergraduate or graduate level physics. (If your diploma clearly states that your degree is in physics or any of its specialties, such as medical or health physics, or you are certified by the American Board of Radiology or the American Board of Medical Physics in Diagnostic Medical Physics, we will accept that as sufficient proof that: 1) your degree is in an acceptable field and 2) you have the required hours of physics. Otherwise, we will need a transcript or other academic document to determine whether you have sufficient hours of physics.)
2. Documentation that you completed 20 hours of specialized training in conducting mammography surveys.
3. Documentation that you have performed surveys of at least one facility and a total of at least ten mammography systems under the direct supervision of a mammography medical physicist who has renewed their authorization pursuant to California Code of Regulations, Title 17, Section 30315.60(c). In no case more than one survey of a specific mammography system performed within a period of 60 calendar days be counted towards the total number of mammography systems surveyed. The period of time spent in meeting the survey requirements may be counted toward meeting the 20-hour training requirement in (2).
4. A copy of a survey report indicating the name of the mammography medical physicist providing direct supervision and that the applicant performed all the tests.
5. In lieu of the requirements in (1) through (3), a copy of the letter issued to the applicant by the FDA, or a certifying agency approved by the FDA pursuant to title 21, Code of Federal Regulations, section 900.21, stating that the applicant met the requirements of title 21, Code of Federal Regulations, section 900.12(a)(3).
6. Documentation of initial modality training, if applicable. (i.e. a mammographic modality other than one for which the physicist received training to qualify, a mammography medical physicist shall receive at least eight hours of training in surveying units of the new modality.)