X-Ray Technician Limited Permit Application

(Failure to provide your full legal name may results in denial of entrance into the examination)

Last Name (Please Print)	First Name	Middle Name	
Date of Birth	SSN or ITIN*	Phone Number	
Mailing Address (Number and Street or P.O. Box Number)		E-mail Address	
City		State	Zip Code

*Social Security Number or Individual Taxpayer Identification Number

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 SSN/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. The information you provide on this form (except for SSN/ITIN) 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. This information may also be provided to the American Registry of Radiologic Technologists (ARRT) for examination purposes. For information or access to your records, contact the 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.

IMPORTANT- Do not submit this form if you are seeking to obtain the following:

- X-ray Technician Dual Energy X-ray Absorptiometry (DEXA) Permit. Instead, use form CDPH 8232 DEXA, X-Ray Technician Dual Energy X-ray Absorptiometry (DEXA) Permit Application.
- X-ray Technician Podiatric Radiography (POD) Permit. Instead, use form CDPH 9128, X-ray Technician Podiatric Radiography (POD) Permit Application.

REQUIREMENTS TO OBTAIN A CALIFORNIA X-RAY TECHNICIAN LIMITED PERMIT

1) You must select *only one* of the following options:

☐ **Option 1.** I am only applying for a **Dental laboratory radiography permit:** radiography of the intra-oral cavity, skull, hand and wrist, for dental purposes. Non-refundable application fee is $112.00.

PLEASE NOTE: If you apply for a Dental laboratory radiography permit, you will not be able to take the examination along with the examination for any other categories on the same date.

☐ **Option 2.** I am only applying for **Radiation Protection (Core).** Non-refundable application fee is $112.00.

(Failure to use your full legal name may result in entrance into the examination being denied.)

Last Name (Please Print)	First Name	Middle Name

☐ **Option 3.** I am applying for **Core and one or more** of the following categories. Core is included with this option and the non-refundable **application fee** is $112.00 for each category selected below:

☐ **Chest radiography permit:** radiography of the heart and lungs.

☐ **Extremities radiography permit:** radiography of the upper extremities, including shoulder girdle, and lower extremities, excluding pelvis.

☐ **Torso-skeletal radiography permit:** radiography of the shoulder girdle, rib cage and sternum, vertebral column, pelvis, and hip joints.

☐ **Skull radiography permit:** radiography of the bone and soft tissues of the skull and upper neck.

2) **Digital Authorization.** Mark the box below only if you graduated prior to January 1, 2011, and wish to obtain digital authorization. Applicants who graduated on or after January 1, 2011, are not required to submit documentation of completion of instruction in digital radiologic technology.

☐ *I graduated prior to January 1, 2011 and have attached documentation of completion of at least 20 hours of instruction in digital radiologic technology that meets the requirements as specified in the California Code of Regulations, Title 17 (17 CCR), sections 30410 and 30410.2.*

3) You must submit this application along with the following:

- A copy of your graduation diploma or certificate from a CDPH-RHB approved limited permit X-ray technician school in the limited permit category(ies) you have selected
- The non-refundable application fee of $112.00 for each category you have selected in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB.
- If you selected Digital Authorization in Item 2 and graduated prior to January 1, 2011, you must provide documentation of completion of at least 20 hours of instruction in digital radiologic technology that meets the requirements as specified in 17 CCR, sections 30410 and 30410.2.

(Failure to provide your full legal name may result in denial of entrance into the examination)

Last Name (Please Print)	First Name	Middle Name

Please mail this application, all supporting documents, and payment for the non-refundable application fee of $112.00 for each category to:

USPS First-Class Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Accounts Receivable and Cashiering Unit
P.O. Box 997414
Sacramento, CA 95899-7414, *or*

Express Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Accounts Receivable and Cashiering Unit
1500 Capitol Ave., Suite 520, Bldg. 172
Sacramento, CA 95814-5006

NOTIFICATION OF APPLICATION STATUS

Within 30 calendar days of receipt of your application, CDPH-RHB will mail you a notification letter which will inform you of the following:

- That your application is acceptable for filing and instructions regarding the next steps in the examination process; or
- That your application is *not* acceptable for filing and next steps to correct deficiencies.

I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke 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 have been granted a permit pursuant to the Radiologic Technology Act, acting within the scope of that permit, and acting under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.

Signature	Date