

## REQUIREMENTS FOR CALIFORNIA STATE CERTIFICATION IN MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY

### EXAMINATION REQUIREMENTS

1. Applicants must have a current and valid California Diagnostic Radiologic Technology Certificate issued by the California Department of Public Health, Radiologic Health Branch (CDPH-RHB).
2. Applicants, who document passing the American Registry of Radiologic Technologists (ARRT) examination in Mammography, ARRT(M), will be issued a California certificate in Mammographic Radiologic Technology without examination.
3. To become ARRT-certified in Mammography, contact the ARRT directly.
4. Applicants who cannot document having passed the ARRT(M) examination must complete and pass the **state Mammographic Radiologic Technology Examination** administered by the ARRT. **IMPORTANT NOTE:** The ARRT administered examination for state candidates is used for state certification only.

### APPLICATION PROCESS

1. Submit a COMPLETE Radiologic Health Branch (RHB) Mammographic Radiologic Technology application.
2. Submit the non-refundable **CDPH-RHB** application fee of \$112.00 in the form of a check or money order made payable to CDPH-RHB.
3. Provide your current and valid California Diagnostic Radiologic Technology Certificate Number.
4. Submit documentary evidence of:
  - a) Completion of 40 hours of continuing education in Mammography courses, **OR**
  - b) Documentation of having passed the ARRT Mammography Certification examination
5. Mail the completed application, payment for the application fee, and all supporting documentation to CDPH-RHB.

### EXAMINATION PROCESS

1. Applicants approved to complete the state Mammographic Radiologic Technology examination administered by the ARRT will receive examination information in a notification letter from CDPH-RHB.
2. After applicants complete the examination, the ARRT notifies CDPH-RHB of the examination results and you will be notified of your examination results by CDPH-RHB within 45 calendar days from the date of the examination.

**APPLICATION FOR A CERTIFICATE IN MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY****(Failure to use your full legal name may result in entrance into the examination being denied.)**

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
Current California Diagnostic Radiologic Technology Certificate Number: <b>(Required)</b>			

\*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.

**REQUIREMENTS TO OBTAIN A CALIFORNIA MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY CERTIFICATE**

You must submit this application along with the following:

- The non-refundable application fee of \$112.00 in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB, **and** documentary evidence of one of the following:
  - Completion of 40 hours of continuing education in mammography courses, **OR**
  - Having passed the ARRT mammography certification examination.

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

Last Name (Please Print)	First Name	Middle Name
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Please mail this application, all supporting documents, and payment for the non-refundable application fee of \$112.00 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. The notification letter will inform you of one of the following:

- That your application is acceptable and, if applicable, instructions regarding the next steps in the examination process; *or*
- That your application is not acceptable for filing and next steps.

*I certify that the 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, 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 certificate or permit pursuant to the Radiologic Technology Act, am acting within the scope of that certificate or permit, and am acting under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.*

Signature	Date
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