Please use this Renewal Application if your certificate expires after August 31, 2017

Renewals will not be considered complete until both the renewal payment and continuing education credits have been received by the department.

Physician Assistant Fluoroscopy Renewal Check List:

1. Renewal Payment:

Return the completed Special Renewal Application (page 2) along with your **nonrefundable** renewal payment in the form of a check or money order made payable to "**CDPH-RHB**". The fees are as follows:

$154.00 if your certificate has not expired.
$170.00 if your certificate expired within the past six months.
$324.00 if your certificate expired within the past 5½ years.

Note: *Certificates cannot be renewed after 5½ years from the expiration date. You will need to reapply.*

2. Continuing Education Credits:

An approved continuing education credit is one hour of instruction received in subjects related to the application of X-ray to the human body and accepted for purposes of credentialing, assigning professional status, or certification. You are required to earn 10 approved continuing education credits within the past two years.

- Physician Assistant Fluoroscopy permit holders are required to earn four of the ten credits in radiation safety for the clinical uses of fluoroscopy.

For further information on continuing education credit requirements, you may visit RHB Continuing Education Credits Requirements Page . Failure to provide a complete renewal, will delay the update of your certificate.

Do not submit copies of your certificates. You are required to maintain proof of continuing education for four years, to be provided upon request.

3. Mail your renewal payment and continuing education credits to:

Mailing Address:
CDPH-Radiologic Health Branch
Billing/Cashiering, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414

Express Mail:
CDPH-Radiologic Health Branch
Billing/Cashiering, MS 7610
1500 Capitol Avenue
Sacramento, CA 95814-5006

A valid temporary authorization will be available to view and print for work purposes, within 24-48 hours after your completed renewal is processed, at RHB Certificate/Permit Search Tool .

SPECIAL RENEWAL APPLICATION
Physician Assistant Fluoroscopy Permit

Permit Number	Permit Expiration Date	Phone Number
Last Name, Suffix	First Name	Middle Name
Street Address ☐ Check this box if this is a change of address since your last certificate was issued		
City	State	Zip Code

Name change requests must be accompanied by a copy of a certified superior court order allowing the name change and a government issued picture ID, such as a driver's license, military ID, or passport.

Physician Assistant License #	**Expiration Date**

Please list all required credits in the space provided below, accordingly. Complete extra copies of this application as needed to list the approved continuing education credits you have earned.

Indicate the certifying organization letter below in "Group" *: (a) American Registry of Radiologic Technologists (ARRT), (b) Medical Board of California, (c) Osteopathic Medical Board of California, (d) Board of Podiatric Medicine, (e) California Board of Chiropractic Examiners, (f) Board of Dental Examiners.

Course Title				
Provider or Sponsor	Provider Contact Information	Date	*Group	Hours
Course Title				
Provider or Sponsor	Provider Contact Information	Date	*Group	Hours
Course Title				
Provider or Sponsor	Provider Contact Information	Date	*Group	Hours

REQUEST FOR CANCELLATION

Please note*: If you request to cancel your permit, you are not eligible for reinstatement and will need to reapply for a new permit.*

☐ I wish to cancel my permit. (*Do not submit payment*)

I certify that the information provided in this application for renewal 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 am certified pursuant to the Radiologic Technology Act, I am acting within the scope of that certification.

Signature (Original Signature Required)	Date