

**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.*

**X-ray Technician Dual Energy X-ray Absorptiometry (DEXA) Limited Permit 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:

**\$104.00** if your permit has not expired.

**\$120.00** if your permit expired within the past six months.

**\$224.00** if your permit expired within the past 5½ years.

**Note:** Permits 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 24 approved continuing education credits within the past two years.

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 permit.

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**  
**X-ray Technician Dual Energy X-ray Absorptiometry (DEXA) Limited Permit**

Permit Number	Permit Expiration Date	Phone Number
Last Name, Suffix	First Name	Middle Name
Street Address <input type="checkbox"/> 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.

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, and I am acting under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.*

Signature (Original Signature Required)	Date
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