

Guidance on Renewal TSP/TCP Requirements

All applicants must submit a completed CDPH 4256R (6/2023) with application fee, including:

Therapeutic Survey Physicist (TSP) Renewal Requirements: (17CCR Section 30313.09)

- Provide documentation demonstrating that the applicant is certified by:
 - American Board of Radiology (ABR) certificate in Therapeutic Medical Physics; or
 - American Board of Health Physics (ABHP) certificate in Health Physics; or
 - American Board of Medical Physics (ABMP) certificate in Medical Health Physics or Radiation Oncology Physics; or
 - Canadian College of Physicists in Medicine (CCPM) certificate in Radiation Oncology Physics;

OR

- Provide documentation confirming completion of 15 approved continuing education credits as defined in 17CCR Section 30306. Approved continuing education credits shall be completed in the three years immediately preceding the expiration date and documentation shall include:
 - The name of the approving organization;
 - The name of the instructor or provider and their contact information;
 - A description of the instruction provided; and
 - The dates of the instruction.

Therapeutic Calibration Physicist (TCP) Renewal Requirements: (17CCR Section 30313.20)

- Provide documentation demonstrating that the applicant is certified by:
 - American Board of Radiology (ABR) certificate in Therapeutic Medical Physics; or
 - American Board of Medical Physics (ABMP) certificate in Radiation Oncology Physics; or
 - Canadian College of Physicists in Medicine (CCPM) certificate in Radiation Oncology Physics;

OR

- Provide documentation confirming completion of 15 approved continuing education credits as defined in 17 CCR Section 30306. Approved continuing education credits shall be completed in the three years immediately preceding the expiration date and documentation shall include:
 - The name of the approving organization;
 - The name of the instructor or provider and their contact information;
 - A description of the instruction provided; and
 - The dates of the instruction.

MAKE CHECKS PAYABLE TO: “California Department of Public Health - Radiologic Health Branch”

MAIL COMPLETED FORM, SUPPORTING DOCUMENTS, AND APPLICATION FEE TO:

- **Regular Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
P.O. Box 997414, MS 7610
Sacramento, CA 95899-7414
- **Express Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
1500 Capitol Avenue, 5th Floor, Building 172
Sacramento, CA 95814-5006