

Please Do Not use this Renewal Application if your certificate expires on or after January 31, 2015

***SPECIAL RENEWAL APPLICATION**

* This application is for use **only** by those who did not receive their renewal billing notice 45 days before their expiration date.

California Radiologic Technology Certificate

Check categories listed on certificate. <input type="checkbox"/> Diagnostic <input type="checkbox"/> Fluoroscopic <input type="checkbox"/> Mammographic <input type="checkbox"/> Therapeutic	Certificate Number	Certificate Expiration Date
Last Name, suffix	First Name	Middle Name
Mailing Address <input type="checkbox"/> Check this box if this is a change of address since your last certificate was issued.		
City		
State	ZIP Code	Phone Number

It is very important that you provide your full true name. Pursuant to the California Code of Civil Procedure Section 1275, 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.

Return this completed application along with your applicable **nonrefundable** renewal fee payment in the form of a check or money order made payable to “**CDPH-RHB**” for **ALL categories shown on your certificate**:

- \$70.00 per category** if your certificate has not expired.
- \$81.08 per category** if your certificate expired within the past six months.
- \$151.08 per category** 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.

A valid temporary authorization will be available to view and print for work purposes, within 24-48 hours after your renewal is processed, at <http://rhubxray.cdph.ca.gov/>.

You are required to earn 24 approved continuing education credits within the past two years. Complete extra copies of page 2 of this application as needed to list the required approved continuing education credits you have earned and return them along with this page and payment to:

**Billing and Cashiering Unit
California Department of Public Health
Radiologic Health Branch
MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414**

Overnight/express mail (USPS, FedEx, etc.) must be sent to:
 Billing and Cashiering Unit
 CDPH-RHB
 1500 Capitol Avenue, Suite 520,
 MS 7610, Bldg. 172
 Sacramento, CA 95814-5006

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

I wish to cancel one or more of my certificate categories. Please cancel the following certificate categories:

_____.

I wish to cancel **ALL** of my certificate(s).

Earned Approved Continuing Education Credits for Renewing a California Radiologic Technology Certificate

To renew California Radiologic Technology certificate(s) you are required to return this completed application along with your renewal fee. Do not submit copies of your certificates. You are required to maintain proof of continuing education for four years, to be provided upon request.

Check categories listed on certificate. <input type="checkbox"/> Diagnostic <input type="checkbox"/> Fluoroscopic <input type="checkbox"/> Mammographic <input type="checkbox"/> Therapeutic	Certificate Number	Certificate Expiration Date
Last Name		First Name

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, by any of the following groups*: (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. **

I have earned the 24 continuing education hours/credits listed below.

Additional Requirements (check applicable box).

<input type="checkbox"/> I have earned at least 4 of the 24 continuing education credits in digital radiography (Required for all Certified Radiologic Technologists).
<input type="checkbox"/> I have earned at least 10 credits in mammography (Required only for holders of Mammography Radiologic Technology certificates).
<input type="checkbox"/> I have earned at least 4 credits in radiation safety for the clinical uses of fluoroscopy (Required only for holders of Radiologic Technologists Fluoroscopy permits).

Course Title				
Provider or Sponsor	Location (City, State)	Date	Code**	Hours *
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours

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	Date
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