

## Application for Radioactive Materials Industrial Radiographer Training Provider (40 hr course)

**Instructions:** Complete *all* sections. Mail the original to the address below and maintain copies for your records. ***Incomplete or incorrect forms will not be accepted.***

**Note:** The training provider certificate shall be valid for 5 years except for providers on a specific license (California Code of Regulations, Title 17, Section 30331 (b)).

### Personal Information

Business Name: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address: \_\_\_\_\_  
Address

\_\_\_\_\_

City State Zip Code

Telephone Number: \_\_\_\_\_

Federal Employee Identification Number: \_\_\_\_\_

CA Taxpayer Identification Number: \_\_\_\_\_

**Or If applicant is an individual**, provide a Social Security Number: \_\_\_\_\_

Pursuant to the authority found in Sections 114960 et seq. of the California health and Safety Code, and as required by Section 17520 of the California Family Code, providing social security number is mandatory. The SSN will be used for identification purposes. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes.

### Provide curriculum that will be covered (see Title 17, Section 30335.10)

Course title & a brief description of course content covering subjects specified in Section 30335.10:	Total # of hours of course and hours spent on each subject:	Description of referenced material used in training (i.e.: handouts, slides, overhead transparencies):

**Instructor's Qualification Information**

*NOTE: There shall be at least one instructor who meets the requirements (Title 17, Section 30333.05 and 30336.6 or at least two instructors such that one meets the requirements specified in 30333.05 and the other meets the requirements of Section 30336.6).*

Instructor's Name:	Provide Instructor's Training & Experience in industrial radiography:

**Additional Qualification Requirements**

**Please provide a copy of a sample written examination and the correct answers to the test questions used for determining an individual's understanding of and competency in the subjects specified in Title 17, Section 30335.10. (40 hrs Course). The examination shall be at least 50 questions in length and successfully completed with 80% of the questions answered correctly in a closed book testing session.**

**Note: Once a training provider is approved, the applicant must follow Title 17, Section 30331 (c).**



\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Mail application and supporting documents to:

FedEx Mailing Address:  
 Radiologic Health Branch  
 Industrial Licensing Unit  
 1500 Capitol Ave, 5<sup>th</sup> Floor, MS 7610  
 Sacramento, CA 95814-5006  
 RE: IR 40 hr course application

Mailing Address:  
 Radiologic Health Branch  
 Industrial Licensing Unit  
 Mail Station 7610 (MS 7610)  
 P.O. Box 997414  
 Sacramento, CA 95899-7414  
 RE: IR 40 hr course application

For the application fee, please make a check payable to CDPH for the amount of \$ 768.00.