

**California Licentiate Supervisor and Operator Permit(s) Application**  
**(Do not complete this application if you wish to apply for a radiology supervisor and operator certificate.)**

**(Please note that failure to use your full legal name may result in entrance into the examination being denied.)**

Last Name (Please Print)	First Name	Middle Name
Date of Birth	Social Security Number	Phone Number
Mailing Address		E-mail Address
City	State	Zip Code

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing your social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. This information may also be provided to American Registry of Radiologic Technologists for examination purposes. For information or access to your records, contact the Registration and Certification Support Unit at the California Department of Public Health, Radiologic Health Branch (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

**IMPORTANT: Do not complete this application if you wish to apply for a radiology supervisor and operator certificate. A radiology supervisor and operator certificate issued by the Department shall be required of any licentiate of the healing arts who practices as a radiologist or radiation oncologist in accordance with the California Code of Regulations, title 17, section 30466. If you wish to apply for a radiology supervisor and operator certificate, please refer to the California Radiology Supervisor and Operator Certificate application, form CDPH 8231.**

**HOW DO I OBTAIN CALIFORNIA LICENTIATE SUPERVISOR AND OPERATOR PERMITS?**

1) You must select the appropriate permit category(ies):

- Fluoroscopy Supervisor and Operator Permit
- Radiography Supervisor and Operator Permit
- Dermatology Supervisor and Operator Permit

2) You must return this application along with the following:

- The non-refundable application fee in the form of a check (e.g., personal, cashier’s, or certified check) or money order payable to “CDPH-RHB” for each permit category:
  - \$100.00 for one permit
  - \$200.00 for two permits (e.g., Fluoroscopy and Radiography)
- A true and correct copy of one of the following valid California healing arts licenses: Physician and Surgeon, Osteopathic Physician and Surgeon, Podiatrist, or Chiropractor.

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Last Name (Please Print)	First Name	Middle Name
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**HOW WILL I BE NOTIFIED ABOUT THE STATUS OF MY APPLICATION?**

Within 30 calendar days of receipt of your application, CDPH-RHB will mail you a notification letter. The notification letter will inform you of one of the following:

- That your application is acceptable and what examination(s) you must pass within one calendar year in order to obtain the permit(s), and instructions on how to submit payment of the non-refundable examination fee; or
- That your application is not accepted for filing and what specific information, documentation or fee you must submit within 30 calendar days in order for CDPH-RHB to consider the application acceptable.

Please mail this application, all supporting documents, and the non-refundable application fee of \$100.00 for one permit or \$200.00 for two permits to:

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

*I certify that all information provided with this application is true and correct. I understand that the California Department of Public Health may cancel permits that are procured by fraud, misrepresentation, or mistake, and may revoke permits 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 permitted pursuant to the Radiologic Technology Act and am acting within the scope of that permit.*

Signature	Date
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