

California Radiology Supervisor and Operator Certificate (For Radiologists and Radiation Oncologists ONLY)

(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 the 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. 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: A radiology supervisor and operator certificate issued by the Department shall be required of and issued only to 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. For all others, do not complete this application. Please refer to the California Licentiate Supervisor and Operator Permits application form CDPH 8230.

HOW DO I OBTAIN A RADIOLOGY SUPERVISOR AND OPERATOR CERTIFICATE?

You must return this application along with documentary evidence of meeting one of the following:

- Board certification by the American Board of Radiology (ABR) or American Osteopathic Board of Radiology (AOBR); or
- You have passed ABR's:
(*ONLY a Verification Letter from ABR is acceptable*)
 - 1) Diagnostic radiology initial qualifying physics examination and the diagnostic radiology initial qualifying clinical examination;
 - 2) Diagnostic radiology core exam; or
 - 3) Radiation oncology initial qualifying physics examination, the initial qualifying cancer biology examination, and the initial qualifying clinical examination; or
- You have passed AOBR's:
 - 1) Part I (Physics of Medical Imaging, Biological Effects and Safety) and Part II (Diagnostic Imaging) examinations in diagnostic radiology; or
 - 2) Part I (Radiobiology), Part II (Physics), and Part III (Clinical) examinations in radiation oncology.

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In addition, you must also return the completed application with both of the following:

- A copy of one of the following valid California healing arts licenses: Physician and Surgeon, or Osteopathic Physician and Surgeon; and
- The non-refundable application fee of \$100.00 in the form of a check (e.g., personal, cashier’s, or certified check) or money order made payable to CDPH-RHB

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 complete and the CDPH-RHB’s decision regarding your application; 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 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 under penalty of perjury that the information provided with this application is true and correct. I understand that the California Department of Public Health may cancel certificates that are procured by fraud, misrepresentation, or mistake, and may revoke certificates 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 and acting within the scope of that certification. In addition, by signing below, I am attesting that I practice as a radiologist or radiation oncologist.

Signature	Date
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