

Please Use this Renewal Application if your certificate or permit expires on or after January 31, 2015 due to fee increase

***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.

Supervisor and Operator Certificate or Permit

Check categories listed on document <input type="checkbox"/> Radiography <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Radiology <input type="checkbox"/> Dermatology	Certificate or Permit Number	Certificate or Permit 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 or permit 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 application along with a 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 or permit:**

- \$82.00 for each category** if certificate or permit has not expired.
- \$94.80 for each category** if certificate or permit expired within the past six months.
- \$176.80 for each category** if certificate or permit expired within the past 5½ years.

Note: Certificates or permits 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 10 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 or permit, you are not eligible for reinstatement and will need to reapply for a new permit or certificate.*

- I wish to cancel one or more of my certificate or permit categories. Please cancel the following certificate or permit: _____
- I wish to cancel **ALL** of my certificate(s) or permit(s).

Earned Approved Continuing Education Credits for Renewing a Supervisor and Operator Certificate or Permit

To renew Supervisor and Operator certificate(s) or permit(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 document <input type="checkbox"/> Radiography <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Radiology <input type="checkbox"/> Dermatology	Certificate or Permit Number	Certificate or Permit Expiration Date
Last Name, suffix	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.**

Healing Arts license type (check one)

- M.D. or D.O. D.P.M. D.C.

License # _____ **Expiration Date** _____

I have earned the following 10 approved continuing education hours/credits.

Additional Requirement (Check applicable box)

<input type="checkbox"/> I attest that four of the credits provided are in radiation safety for the clinical uses of fluoroscopy. (Required for holders of Fluoroscopy Supervisor and Operator 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 certified pursuant to the Radiologic Technology Act and acting within the scope of that certification.

Signature	Date
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