

Temporary Fluoroscopy Permit Application for Supervisors and Operators

Last Name (Please Print)	First Name	Middle Name
Date of Birth	SSN or ITIN*	Phone Number
Mailing Address (Number and Street or P.O. Box Number)		E-mail Address
City	State	Zip Code

ATTENTION! To receive a Temporary Fluoroscopy Permit, you must have a current California Licentiate Fluoroscopy Supervisor and Operator Permit Application, form CDPH 8230, on file with the California Department of Public Health, Radiologic Health Branch (CPDH-RHB). Please indicate which of the following is true for your application to be considered:

- I have a current California Licentiate Fluoroscopy Supervisor and Operator Permit Application, form CDPH 8230, on file with the CDPH-RHB.
- Or
- I have submitted a California Licentiate Fluoroscopy Supervisor and Operator Permit Application, form CDPH 8230, in parallel with this application for a Temporary Fluoroscopy Permit.

*Social Security Number or Individual Taxpayer Identification Number

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 SSN/ITIN is mandatory. The SSN/ITIN 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. The information you provide on this form (except for SSN/ITIN) may be made public under the California Public Records Act; please provide a P.O. Box number or other alternate address if you do not wish to have your home address made public. For information or access to your records, contact the Certification Support Unit at the California Department of Public Health, Radiologic Health Branch (CPDH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

IMPORTANT: A Temporary Fluoroscopy Permit issued pursuant to Section 107110 of the California Health and Safety Code shall convey the same rights as a California Licentiate Supervisor and Operator Fluoroscopy Permit for the period for which it is issued, in the classification for which the physician and surgeon or the doctor of podiatric medicine is eligible, and shall be valid for up to 12 months from the date of issue. The department shall not renew a temporary permit, and each applicant may receive a temporary permit one time only.

REQUIREMENTS TO OBTAIN TEMPORARY FLUOROSCOPY PERMIT FOR SUPERVISORS AND OPERATORS

You must submit this application along with the following:

- 1) The non-refundable application fee of \$58.00 in the form of a check (e.g., personal, cashier’s, or certified check) or money order payable to “CDPH-RHB”,
- 2) Evidence of a current, unrestricted California healing arts license as a Physician and Surgeon or Doctor of Podiatric Medicine (e.g., Copy of current board license; printout from the Department of Consumer Affairs License Search web page.); and
- 3) Provide your mandatory attestation to the following statement:
 By checking this box, I attest that I have at least 40 hours of experience using fluoroscopic x-ray equipment while not subject to the Radiologic Technology Act (Health & Safety Code Section 27).

Please mail this application, all supporting documents, and the non-refundable application fee of \$58.00 to:

USPS First-Class Mail:

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

Express Mail:

**California Department of Public Health
Radiologic Health Branch, MS 7610
Accounts Receivable and Cashiering Unit
1500 Capitol Ave., Suite 520, Bldg. 172
Sacramento, CA 95814-5006**

NOTIFICATION OF APPLICATION STATUS

Upon receipt and review of your application, CDPH-RHB will notify you by mail of one of the following:

- That your Temporary Fluoroscopy Permit has been issued; *or*
- That your application is not acceptable for filing and the appropriate next steps.

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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