

## California Radiology Supervisor and Operator Certificate (For Radiologists 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 any licentiate of the healing arts who practices as a radiologist in accordance with the California Code of Regulations, title 17, section 30462. 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?

**If you *are certified* by the American Board of Radiology (ABR) or the American Osteopathic Board of Radiology (AOBR) you must return this application along with the following:**

- The non-refundable application fee of \$85.00 in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB.
- Documentary evidence of board certification by ABR or AOBR.
- A copy of one of the following valid California healing arts licenses: Physician and Surgeon, Osteopathic Physician and Surgeon, Podiatrist, or Chiropractor.

**If you *are not certified* by ABR or AOBR, you must pass both Department approved examinations in radiography and fluoroscopy radiation protection and safety, and use and supervision of use of radiography and fluoroscopy and ancillary equipment. Additionally, you must return this application along with the following:**

- The non-refundable application fee of \$85.00 in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB.
- A copy of one of the following valid California healing arts licenses: Physician and Surgeon, Osteopathic Physician and Surgeon, Podiatrist, or Chiropractor.
- If you currently hold a Supervisor and Operator Permit that was issued by CDPH-RHB, enter the permit number(s) here: \_\_\_\_\_.

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Last Name (Please Print)	First Name	Middle Name

### HOW WILL I BE NOTIFIED ABOUT THE STATUS OF MY APPLICATION?

You will receive a *notification letter from CDPH-RHB, within 30 calendar days* of submission of your application, of one of the following:

- That your application is complete and the CDPH-RHB’s decision regarding your application;
- That your application is acceptable, what examination(s), if applicable, you must pass within 180 days in order to complete your application, 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 \$85.00 to:

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

As previously stated, 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 in accordance with the California Code of Regulations, title 17, section 30462. For all others, do not complete this application. Please refer to the *California Licentiate Supervisor and Operator Permits* application form CDPH 8230.

*I certify 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.*

Signature	Date

CDPH-RHB Use Only	
Certificate Number:	
Class Code:	
Date Issued:	
Issued By:	