

**California Physician Assistant Fluoroscopy Permit Application
(For California Licensed Physician Assistant Use Only)**

(Important: Ensure that you use your full legal name as reflected on your identification)

Last Name (Print Clearly)		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	
California Physician Assistant License Number			

*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. This information may also be provided to the American Registry of Radiologic Technologists (ARRT) for examination purposes. For information or access to your records, contact the 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: The scope of practice of a current and valid **Radiologic Technologist Fluoroscopy Permit** authorizes the permit holder to use fluoroscopy equipment. If you possess a current and valid Radiologic Technologist Fluoroscopy Permit, a California Physician Assistant Fluoroscopy Permit is not required. (17 CCR, Section 30456.1)

HOW DO I OBTAIN A CALIFORNIA PHYSICIAN ASSISTANT FLUOROSCOPY PERMIT?

Return this completed application, together with all of the following items attached:

- The non-refundable application fee of \$146.00 in the form of a check (e.g., personal, cashier’s, or certified check) or money order payable to CDPH-RHB.
- A true and correct copy of your valid California Physician Assistant License issued by the California Department of Consumer Affairs–Physician Assistant Committee.
- A copy of your graduation diploma or certificate, from a CDPH-RHB approved school, in diagnostic radiologic technology or radiologic technologist fluoroscopy.

California Physician Assistant Fluoroscopy Permit Application

(Important: Ensure that you use your full legal name as reflected on your identification)

Last Name (Print Clearly)	First Name	Middle Name
---------------------------	------------	-------------

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, which examination you must pass within one calendar year in order to obtain the certificate/permit, and 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.

HOW DO I SUBMIT MY APPLICATION?

Please mail this application, all supporting documents, and payment for the non-refundable application fee of \$146.00 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

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
-----------	------

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