

Application for Authorization as a Therapeutic Survey Physicist or Therapeutic Calibration Physicist

Select the category(s) for which you are applying:

- Therapeutic Survey Physicist (TSP)
- Therapeutic Calibration Physicist (TCP)

Please type or print all information

Last Name	First Name	Middle Name
SSN/ITIN	Phone Number	Email Address
<p>Note: The information you provide on this form (except for the social security number) 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.</p>		
Mailing Address (Number and Street or P.O. Box Number)		
City	State	Zip Code
<p>I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke authorizations that are procured by fraud, misrepresentation, or mistake.</p>		
Signature		Date

Pursuant to the authority found in Sections 100275 and 115100 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number (SSN)/individual taxpayer identification number (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.

APPLICATION FEE FOR AUTHORIZATION AS A THERAPEUTIC SURVEY PHYSICIST OR THERAPEUTIC CALIBRATION PHYSICIST IS \$312.00.

Radiologic Health Branch Use Only				
\$312.00 Application fee submitted	Yes	No	By:	Date:

A. All applicants must submit a completed CDPH 4256 (10/20) with application fee, plus:1. Therapeutic Survey Physicist (TSP) Requirements:

- American Board of Radiology (ABR) certificate in Therapeutic Medical Physics; or
- American Board of Health Physics (ABHP) certificate in Health Physics and three sample radiation protection survey reports of therapeutic X-ray equipment at a medical facility, one of which is a survey of therapeutic X-ray equipment with an energy greater than 500 kVp; or
- American Board of Medical Physics (ABMP) certificate in Medical Health Physics or Radiation Oncology Physics and three sample radiation protection survey reports of therapeutic X-ray equipment at a medical facility, one of which is a survey of therapeutic X-ray equipment with an energy greater than 500 kVp; or
- Canadian College of Physicists in Medicine (CCPM) certificate in Radiation Oncology Physics and three sample radiation protection survey reports of therapeutic X-ray equipment at a medical facility, one of which is a survey of therapeutic X-ray equipment with an energy greater than 500 kVp; or
- A bachelor's degree in physics, health physics, a physical science, or engineering from an accredited college or university and within five years preceding the date of this application; and
 - Completion of at least 2,000 hours of training, and at least 2,000 hours of work experience. The training and work experience shall be in health physics or radiologic health physics. Training is completion of non-supervised didactic, self-study, or online coursework approved, or obtained through a program accredited, by the Commission on Accreditation of Medical Physicists Educational Programs, Inc. (CAMPEP). Work experience is experience obtained while under supervision of a TSP or TCP; or
 - Completion of a CAMPEP-accredited medical physics residency program: 2,000 hours shall be applied to the required training hours, and 1,000 hours shall be applied to the required work experience hours. The remaining work experience hours shall be under supervision of a TSP or TCP; and
 - Submit all of the following:
 - Diploma or transcripts.
 - Proof of CAMPEP approved training completion.
 - Three sample radiation protection survey reports of therapeutic X-ray equipment at a medical facility, one of which is a survey of therapeutic X-ray equipment with an energy greater than 500 kVp.
 - Letter from the applicant's TSP or TCP supervisor(s) including:
 - Name, signature, and date of signature of the supervising individual.
 - Name of the applicant.
 - Dates the supervisor supervised the work of the applicant.
 - Name of the facility where the applicant was supervised.
 - Statement confirming that the applicant fulfilled the work experience requirement and is competent to function independently as a TSP.
- See California Code of Regulations, Title 17 (17 CCR) section 30313.07 for TSP eligibility requirements.

2. Therapeutic Calibration Physicist (TCP) Requirements:

- American Board of Radiology (ABR) certificate in Therapeutic Medical Physics; or
- American Board of Medical Physics (ABMP) certificate in Radiation Oncology Physics and three sample calibration reports of a therapeutic X-ray system at a medical facility, two of which shall be of systems with energies greater than 500 kVp; or
- Canadian College of Physicists in Medicine (CCPM) certificate in Radiation Oncology Physics and three sample calibration reports of a therapeutic X-ray system at a medical facility, two of which shall be of systems with energies greater than 500 kVp; or
- A graduate degree in medical physics, health physics, a physical science, or engineering from an accredited college or university and within five years preceding the date of this application and
 - Completion of at least 2,000 hours of training, and at least 2,000 hours of work experience. The training and work experience shall be in therapeutic medical physics. Training is completion of non-supervised didactic, self-study, or online coursework approved, or obtained through a program accredited, by the Commission on Accreditation of Medical Physicists Educational Programs, Inc. (CAMPEP). Work Experience is experience obtained while under supervision of a TCP; or
 - Completion of a CAMPEP-accredited medical physics residency program: 2,000 hours shall be applied to the required training hours, and 1,000 hours shall be applied to the required work experience hours. The remaining work experience hours shall be under supervision of a TCP; and
 - Submit all of the following:
 - Diploma or transcripts.
 - Proof of CAMPEP approved training completion.
 - Three sample calibration reports of therapeutic X-ray equipment at a medical facility, two of which shall be of systems with energies greater than 500 kVp.
 - Letter from the applicant's TCP supervisor(s) including:
 - Name, signature, and date of signature of the supervising individual.
 - Name of the applicant.
 - Dates the supervisor supervised the work of the applicant.
 - Name of the facility where the applicant was supervised.
 - Statement confirming that the applicant fulfilled the work experience requirement and is competent to function independently as a TCP.
- See 17 CCR section 30313.15 for TCP eligibility requirements.

B. Mail completed form, supporting documents, and application fee to:

- **Regular Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
P.O. Box 997414, MS 7610
Sacramento, CA 95899-7414
- **Express Mail**
California Department of Public Health - Radiologic Health Branch
ATTN: Registration Unit
1500 Capitol Avenue, 5th Floor, Building 172
Sacramento, CA 95814-5006

C. For additional information, visit our website at www.cdph.ca.gov/rhb or call (916) 327-5106.