

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF RADIATION CONTROL
PHYSICS SUPPORT PERSONNEL
APPLICATION and/or RENEWAL

APPLICANT INFORMATION

Business Name _____
Last Name First Name MI

Mailing Address _____
Street No. or POB Suite City State Zip

Daytime Phone _____ Fax _____ Email _____

This application is for a (check one): New Applicant Renewal _____
Certificate Number

ARS § 41-1080 requires NEW applicants in this classification to submit documentation of citizenship or alien status by presenting an AZ driver's license issued after 1996 or another acceptable form of identification. <https://www.azleg.gov/ars/41/01080.htm>

SECTION A: MODALITY OF SUPPORT

Applicant is requesting approval to provide physics support for:

Diagnostic X-Ray (R9-7-102) X-ray Therapy(R9-7-611.01.M) Mammography (R9-7-615)

Other _____

Applicant must provide documentation that the training requirements in the corresponding state code listed above have been met.

SECTION B: CERTIFICATION and EDUCATION

Professional Certification: Board Certified Board Eligible

Certifying Board: _____ Specialty: _____
Please submit a copy of your board certification with this application.

Education: Highest Degree Acquired: _____ Area of Study: _____
Please submit a copy of diploma with this application.

SECTION C: EXPERIENCE

Indicate the number of years you have provided physics support in each of the categories checked in section A.

Indicate the number of years experience under the supervision of an experienced physicist in the same categories.

SECTION D: MAMMOGRAPHY

- 1) Attach documentation of initial training. (if new applicant)
- 2) Indicate number of credit hours received within past 3 Years and attach documentation.
- 3) Indicate number of facilities surveyed in the last 2 years and attach a list.
- 4) Indicate number of units surveyed in the last 2 years.

SIGNATURE

The applicant executing this application certifies that this application has been prepared in accordance with Arizona Administrative Code, Title 9, Chapter 7, and all information contained herein, including any supplements and attachments hereto, is true and correct to the best of their knowledge and belief.

Signature of Applicant

Date