

Ohio Department of Health

Certification of Radiation Expert Application

PLEASE PRINT OR TYPE

I. Personal Information

Social Security number		Birthdate (dd/mm/yyyy)		Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
Name Last		First		M.I.	
Home address					
City		State	ZIP	County	
Home telephone ()			Work telephone ()		
E-mail address					

II. Radiation Expert Certification Category (Indicate more than one if applicable)

- Therapeutic
 Diagnostic other than mammography
 Mammography

III. Credentials

Therapeutic {Rule 3701:1-66-03 (C)}

Submit evidence of at least one of the following:

- Certification by the "American Board of Radiology" in radiological physics or therapeutic radiological physics; or
- Certification by the "American Board of Medical Physics" in medical physics with a specialty in radiation oncology physics; or
- A master's degree or doctorate from an accredited college or university in physics, biophysics, medical physics, radiological physics, nuclear engineering or health physics, and three years of experience within the five years prior to the date of application under the direct supervision of a certified individual (ABR or ABMP) or a radiation expert certified in therapeutic radiation-generating equipment in developing and performing oversight of quality assurance for therapeutic x-ray equipment including performance evaluations and safety checks.

Diagnostic Other Than Mammography {Rule 3701:1-66-03 (D)}

Submit evidence of at least one of the following:

- Certification by the "American Board of Radiology" in radiological physics or diagnostic radiological physics; or
- Certification by the "American Board of Medical Physics" in medical physics with a specialty in diagnostic imaging physics; or
- A master's degree or doctorate from an accredited college or university in physics, biophysics, medical physics, radiological physics or health physics, or mechanical, electrical, or nuclear engineering, or applied mathematics with a minor in physics; and three years experience within the five years prior to the date of application under the direct supervision of a certified individual (ABR or ABMP) or a radiation expert certified in diagnostic radiation-generating equipment in developing and performing oversight of quality assurance for diagnostic radiation-generating equipment.

Mammography {Rule 3701:1-66-03 (E)}

Submit evidence of at least one of the following:

- Certification by the "American Board of Radiology" in radiological physics or diagnostic radiological physics; or
- Certification by the "American Board of Medical Physics" with a specialty in diagnostic imaging physics; or
- A master's degree or higher in a physical science from an accredited college or university, and at least the following:
 - a) Twenty semester hours or thirty quarter hours of graduate or undergraduate level physics;
 - b) Twenty contact hours of documented specialized training in conducting surveys of mammography facilities; and
 - c) Experience of conducting surveys of at least ten mammography units under the direct supervision of a certified individual (ABR or ABMP) or a radiation expert certified in mammography.

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IV. Statement of Declaration

Application will not be accepted if this statement is omitted

_____, (Applicant's printed name), affirms that he/she is the person referred to in the radiation expert certification application, that the statements contained within are accurate and true in every respect; that any omission or incomplete information may result in a delay of approval of the application, and that he/she has read and understands this statement; has read and will abide by the rules and regulations of the state of Ohio relating to the certification of radiation experts, permits the Department or its duly authorized representative, at all reasonable times, to inspect the certification; and understands that ***all fees are non-refundable.***

The applicant agrees to notify the Department of ***any changes*** that would render the information contained on this application inaccurate.

Signature of Applicant	Date
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V. Application Fee

Submit application along with a check or money order in the amount of \$100.00 for one certification category plus \$100.00 for each additional category, payable to "TREASURER, STATE OF OHIO" to the following address:

Ohio Department of Health
Attn: Revenue Processing
P.O. Box 15278
Columbus, Ohio 43215-0278