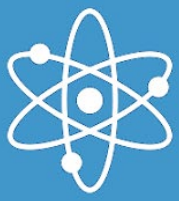
IDPH
IOWA Department of PUBLIC HEALTH

BUREAU OF RADIOLOGICAL HEALTH
Lucas State Office Building, 5th Floor,
321 East 12th Street, Des Moines, IA 50319
http://www.idph.iowa.gov/radiological-health



REAPPLICATION FOR
MEDICAL PHYSICIST REGISTRATION

39.3(3) of the Iowa Radiation Machines and Radioactive Materials Rules requires registration of each person who is engaged in the business of installing or offering to install radiation machines or is engaged in the business of furnishing or offering to furnish radiation machine servicing or services in Iowa. This includes radiation protection or health physics consultations or surveys. **Each medical physicist must be registered individually.**

Please submit this application and any supporting documentation required below to the IDPH along with the appropriate fee. Call 515(380)-8837 for therapy or (515)281-0405 for mammography if you have questions.

Re-application_____ previous registration number (therapy) _____

_____ _____
Name of the medical physicist (print or type) Business Name

_____
Business address, city, state, and zip code

_____ _____ _____
Business e-mail address Business phone number Business fax

1. Radiation Therapy Physicist

PLEASE CHECK THE APPROPRIATE BOX(S) AND PROVIDE THE SUPPORTING DOCUMENTATION. YOU MUST QUALIFY UNDER AT LEAST ONE AREA.

☐ Current certification by the American Board of Radiology in:

- ☐ Therapeutic radiological physics
- ☐ Roentgen-ray and gamma-ray
- ☐ Physics X-ray and radium physics
- ☐ Radiological physics

☐ Current certification by the American Board of Medical Physics in radiation oncology physics

☐ Currently certification by the Canadian College of Physicists in Medicine

Submit documentation to verify all your answers.

2. Mammography Medical Physicist

☐ Copies of mammography continuing education certificates obtained in the prior 36 months (need at least 15 hours)

☐ Names and dates of mammography facilities surveyed in the past 24 months; include the number of units surveyed at each facility (need at least 2 facilities and 6 units)

☐ See next page for appropriate fee.

Submit documentation to verify all your answers.

3. Stereotactically Guided Breast Biopsy Medical Physicist

☐ Copies of stereotactically guided breast biopsy continuing education certificates obtained in the prior 36 months (need at least 3 hours)

☐ Names and dates of stereotactically guided breast biopsy facilities surveyed in the past 12 months (need at least 1)

☐ See next page for appropriate fee.

Submit documentation to verify all your answers.

Social Security number: _____

Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a)(13)and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

1. During the previous licensing period, did you develop a medical condition, which in any way impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. ☐ **Yes** ☐ **No**
   If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

2. During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances? ☐ **Yes** ☐ **No**
   If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

3. During the previous licensing period, were you convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under $250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense. ☐ **Yes** ☐ **No**
   If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

4. During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you? ☐ **Yes** ☐ **No**
If yes, include the date, location, reason, and resolution.

5. During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case? ☐ **Yes** ☐ **No**
If yes, include the date, location, reason, and resolution.

6. During the previous licensing period, did you have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? ☐ **Yes** ☐ **No**
If yes, provide a description of the circumstances.

I have read and understand the requirements of the Iowa Rules. The information provided in this application is true to thebest of my knowledge. I will notify the IDPH immediately of any changes in this application. I understand that providing false documents in this application will result in revocation of this authorization for medical physicist services. Once approved, I will not perform services that are not specifically stated in this application or on the notice of registration that will be issued by the IDPH until given permission in writing by the IDPH.

FEES:

Section 1	Radiation therapy physicist	$200	_____
Section 2 and/or 3	Mammography and/or stereotactically-guided breast biopsy physicist	$100	_____
Total fee in a check or money order made payable to the IDPH			_____

Please return this application, any supporting documentation and the appropriate fee to the IDPH.

_____ _____
Signature of applicant Date