

PHYSICS SUPPORT PERSONNEL APPLICATION and/or RENEWAL

Please complete this application electronically. Save the completed form to your pc for your records, print, sign application, and scan along with all requested supporting documentation. If possible, please combine application and all supporting documentation into a single pdf and submit as an email attachment to xraywebform@azrra.gov . Submissions also accepted by fax and mail.

APPLICANT INFORMATION

	Last Name	First Name	MI
Business Name			
Mailing Address			
	Street No. or POB	Suite	City State Zip
Daytime Phone	Fax	Email	

This application is for a (check one): **New Applicant** **Renewal Applicant**

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://arra.az.gov/xray-facility/x-ray-faq>.

SECTION A: MODALITY OF SUPPORT

Applicant is requesting approval to provide physics support for:

Diagnostic X-Ray (R12-1-102)	X-ray Therapy(R12-1-611.01.M)	Mammography (R12-1-615)
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:
Please submit a copy of your board certification with this application.

Specialty:

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

Area of Study:

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 12, Chapter 1, 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