

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH

LUCAS STATE OFFICE BUILDING, 5TH FLOOR, 321 EAST 12TH STREET, DES MOINES, IOWA 50319

APPLICATION FOR INDUSTRIAL RADIOGRAPHER TRAINEE CARD

INSTRUCTIONS: Complete the Form. Mail the original and a \$120.00 non-refundable fee payable to Iowa Department of Public Health in accordance with Chapter 38.8(3)"c" of IDPH Radiation Machines and Radioactive Materials Rules to the above address. Give a copy to the trainee and keep a copy for your records. If prepared by the trainee, give a copy to your RSO. Incomplete or incorrect forms will be returned. Please type or print legibly.

If you have any questions, please contact: Stuart Jordan, Health Physicist-(515) 380-8837
Angela Leek, Bureau Chief- (515) 281-3478, Derek Elling, Health Physicist-(515) 380-8752

APPLICANT'S INFORMATION:

First Name: * _____
Middle Name: _____
Last Name: * _____
Street Address: * _____
City: * _____ State: * _____ Zip: * _____
Phone Number: * _____, _____ Date of Birth: _____
Email: _____ SSN: * _____

INFORMATION DETAILS:

| | | |
|---|-----|------------|
| Agency Authorized Training : * (You must provide documentation to support the training as required by 45.1(10) and this training must cover all topics outlined in Appendix A.) | | |
| Completed the requirements of 641-45.1(10) a. | Yes | No |
| Certificate from 40-hour training | Yes | No |
| Completed written or oral exam covering topics in 641-45.1(10)"a" on _____ | | |
| | | (MM/DD/YY) |

Additional Qualification Requirements : *

If currently working for a radiography company, you must complete this section, and the RSO must sign this form

I am working for a Radiography Company* Yes No

Name of RSO _____

Radiography Company Name _____

Radiography Company License/Registration No _____

Mailing Address _____

Radiography Company Phone Number _____ , _____

What address do you want the card mailed to? *

Company

Other Address

Address _____

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.

CERTIFICATION:

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

Signature of Trainee Applicant, Date

Printed or Typed Name Trainee Applicant

Signature of RSO, Date

Printed or Typed Name of RSO