IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF RADIOLOGICAL HEALTH
Lucas State Office Building, 5th Floor,
321 East 12th Street, Des Moines, IA 50319

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 515/281-0415 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(ES) (AT LEAST ONE) AND PROVIDE THE SUPPORTING DOCUMENTATION.

☐ Currently certified by the American Board of Radiology in:
- ☐ Therapeutic radiological physics
- ☐ Roentgen-ray and gamma-ray physics
- ☐ X-ray and radium physics
- ☐ Radiological physics

☐ Currently certified by the American Board of Medical Physics in radiation oncology physics

☐ Currently certified by the Canadian College of Physicists in Medicine

☐ Request to qualify under 641-41.3(6)"e"
a. hold a master's or doctor's degree in physics, biophysics, radiological physics, or health physics;
b. have completed one year of full-time training in therapeutic radiological physics;
c. and have one year full-time work experience under the supervision of a radiation therapy physicist at a medical institution.

All experience shall have been performed under the supervision of a radiation therapy physicist already meeting these requirements.

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.

PROVIDE SUPPORTING DOCUMENTATION

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.

PROVIDE SUPPORTING DOCUMENTATION

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. Do you have a medical condition(s) which in any way impair or limit your ability to perform as a medical physicist? "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 that your condition will not affect your ability to perform as a medical physicist.
2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substance? ☐ **yes** ☐ **no**
   If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement that your condition will not affect your ability to perform as a medical physicist.
3. Have you ever been convicted of, or entered a pleas of no contest to a misdemeanor or felony? (other than minor traffic violations with fines under $100). You must answer "yes" even if the matter has been expunged from the record. ☐ **yes** ☐ **no**
   If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.
4. Has any state or jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license or certification issued to you? ☐ **yes** ☐ **no**
   If yes, include date, location, reason, current status, etc.
5. Have any judgments or settlements been paid on your behalf as a result of any professional liability case? ☐ **yes** ☐ **no**
   If yes, include the date, location, reason, resolution, etc.
6. Have any professional suits ever been filed against you as a result of your performance as a medical physicist? ☐ **yes** ☐ **no**
   If yes, include the date, location, reason, resolutions, etc.
7. Have you ever had a license or permit suspended or revoked from a state or certification body? ☐ **yes** ☐ **no**
   If yes, provide a description of the circumstances.

FEES:

Section 1	Radiation therapy physicist	$100	_____
Section 2	Mammography physicist	$ 40	_____
Section 2 & 3	Mammography and stereotactically-guided breast biopsy physicist	$ 40	_____

Total fee in a check or money order made payable to the IDPH _____

I understand this application 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 and understand the requirements of the Iowa Rules. The information provided in this application is true to the best 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.

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

_____ _____

Signature of applicant Date

Updated 08/11