

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

**APPLICATION FOR REGISTRATION
MEDICAL PHYSICIST**

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 515/281-0434 for mammography or 515/281-0419 for therapy if you have questions.

(print or type)

Name of the medical physicist

Street address, city, state, and zip code

Phone number _____ New application _____ Re-application _____

- 1. GENERAL MAMMOGRAPHY MEDICAL PHYSICIST**
Complete supplemental forms for general mammography medical physicist (either application or re-application)
- 2. MAMMOGRAPHY PHYSICIST FOR STEREOTACTICALLY GUIDED BREAST BIOPSY.**
Complete supplemental forms for stereotactic breast biopsy medical physicist (either application or re-application)

3. RADIATION THERAPY PHYSICIST

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

- Certified by the American Board of Radiology in:
 - Therapeutic radiological physics
 - Roentgen-ray and gamma-ray physics
 - X-ray and radium physics
 - Radiological physics
- Certified by the American Board of Medical Physics in radiation oncology physics
- 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.

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 addition 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 you ever been found guilty of incompetence or negligence during your performance as a medical physicist? [] yes [] no

If yes, include the date, location, reason, resolution, etc.

6. Have you ever been sued as a medical physicist in this or any other state? [] yes [] no

If yes, include the date, location, reason, resolutions, etc.

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.

FEES:

Section 1. or 2. Mammography physicist and		
. Mammography physicist/stereotactically		
guided breast biopsy	\$ 40	_____
Section 3. Radiation therapy 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
(Service (6/08))

Date