

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CERTIFICATION OF:**

QUALIFIED MEDICAL PHYSICIST FOR THE SUPERVISION OF QUALITY
ASSURANCE PROGRAMS FOR DIAGNOSTIC X-RAY IMAGING

and /or

QUALIFIED MEDICAL PHYSICIST FOR THE SUPERVISION OF QUALITY
ASSURANCE PROGRAMS FOR COMPUTED TOMOGRAPHY

General Instructions:

- Make sure the application is complete.
- All applications must be accompanied by a nonrefundable fee of \$50 for one certification and an additional \$25 (totaling \$75) for the second certification. Make check or money order payable to the Treasurer, State of New Jersey.

1. PERSONAL DATA

* Social Security No.	
Prefix (if any used)	
Name	(Last) (First) (Middle Initial)
Suffix (if any used)	
Company Name (if any)	
Address	
City, State, Zip	
Telephone Numbers	(Public) (Private)
Fax Numbers	(Daytime)
E-Mail Address	

*Under the Federal Privacy Act, 5 USC 552a, disclosure of your Social Security number is voluntary. It will be used solely for the purpose of an internal unique identifier and will not appear on any public document.

2. CATEGORIES OF CERTIFICATION

N.J.A.C. 7:28-22 requires medical physicists performing initial and annual Medical Physicist’s QC Surveys on Diagnostic x-ray Radiography and Fluoroscopy Equipment to be currently certified by Department of Environmental Protection (DEP) as a **Qualified medical physicist for the supervision of quality assurance programs for diagnostic x-ray imaging.**

Additionally, N.J.A.C. 7:28-22 requires medical physicists performing initial and annual Medical Physicist’s QC Surveys on Diagnostic Computed Tomography Equipment to be certified by DEP as a **Qualified medical physicist for the supervision of quality assurance programs for computed tomography equipment.**

Please check the category(ies) for which you are applying:

<input type="checkbox"/>	Qualified medical physicist for the supervision of quality assurance programs for diagnostic x-ray imaging
<input type="checkbox"/>	Qualified medical physicist for the supervision of quality assurance programs for computed tomography equipment

IMPORTANT INSTRUCTIONS: For numbers 3-6 below, please indicate the certification option that **best** describes your qualifications. The review of your application will be based on the option you chose.

3. DEP CERTIFICATION VIA U.S. NATIONAL CERTIFICATION:

Please check if applicable:

_____ I am certified either by the American Board of Radiology in Diagnostic Radiological Physics or Radiological Physics; or the American Board of Medical Physics in Diagnostic Imaging Physics.

If you are certified by any of the above Boards, please submit the following document:

Document	Please Label Document	Check if enclosed
Copy of Board Certification	EXHIBIT A	

4. DEP CERTIFICATION VIA CANADIAN COLLEGE OF PHYSICIST IN MEDICINE (CCPM) CERTIFICATION:

Please check if applicable:

_____ I am certified by the CCPM which may be equivalent to one of the U.S. national certifying boards in number 3 above.

If you are certified by the CCPM, please submit the following documentation:

Document	Please Label Document	Check if enclosed
Copy of Board Certification	EXHIBIT A	
Certifying Board's prospectus describing certification criteria at the time of your initial certification	EXHIBIT B	

5. DEP CERTIFICATION VIA EDUCATION AND/OR EXPERIENCE:

Please check if applicable:

_____ I have a master's or doctorate's degree from an accredited college in radiological health, radiation sciences, physics, chemistry, environmental sciences, engineering or a related field and at least three years of professional, clinical and technical experience in the field of radiological physics, including the performance testing of quality control testing in the category(ies) for which I am applying that was obtained under the supervision of an individual who is certified by the DEP or meets the qualifications for certification.

If you are qualified by this option, submit the following documentation:

Document	Please Label Document	Check if enclosed
Curriculum Vitae	EXHIBIT A	
Applicable Continuing Education Information	EXHIBIT B	
Copy of undergraduate and graduate degree	EXHIBIT C	
College transcript (if field of study is not clear on degree)	EXHIBIT D	
Description of your experience indicating: facilities; dates; supervisors; QC tests and responsibilities; and types of ionizing radiation producing equipment	EXHIBIT E	
If the supervisor of your experience is not certified by the DEP, the supervisor must submit proof of being able to meet the qualifications for certification.	EXHIBIT F	
Supervisor's statement describing the nature of the experience and the supervision given. Additionally, attesting to the applicant's competency in performing the QC tests in the category(ies) of certification.	EXHIBIT G	

6. DEP CERTIFICATION BY PETITION

Please check if applicable:

_____ I do not meet any of the qualifications in numbers 3-5 above. However, I believe I am competent to act in the category(ies) for which I am applying, since I may have equivalent educational, professional, clinical, technical, employment, or relevant experience in the category(ies) for which I am applying or have equivalent certification to the certification agencies named in number 3 above.

For Petition by Education and/or Experience ONLY: Please submit the following documentation:

Document	Please Label Document	Check if enclosed
Curriculum Vitae	EXHIBIT A	
Applicable Continuing Education Information	EXHIBIT B	
Copy of undergraduate and graduate degree	EXHIBIT C	
College transcript (if field of study is not clear on degree)	EXHIBIT D	
Description of your experience indicating: facilities; dates; supervisors; QC tests and responsibilities; and types of ionizing radiation producing equipment	EXHIBIT E	

Supervisor's statement describing the nature of the experience and the supervision given. Additionally, attesting to the petitioner's competency in performing the QC tests in the category (ies) of certification. The qualifications of the supervisor must also be submitted	EXHIBIT F	
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For Petition By Certification Equivalency ONLY: Please submit the following documentation:

Document	Please Label Document	Check if enclosed
Copy of Board Certification, Name and address of Board, and Certifying Board's prospectus describing certification criteria at the time of your initial certification	EXHIBIT A	

Please note that a Petition must be reviewed and approved by the Commission on Radiation Protection. This review may take up to 2 to 3 months.

7. LIST OF CERTIFIED MEDICAL PHYSICISTS

A list of certified medical physicists will be made available to new registrants of ionizing radiation producing equipment and to the public upon request. If your application is approved, do you wish to have your name and public number appear on such a list? YES NO

8. SIGNATURE

I certify that the information provided with this application is true and accurate. I am aware that any false statements and/or information may result in the denial of this application, the revocation of a certificate and other penalties.

Signature	Date
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Any questions, please call the Bureau of Radiological Health at 609-984-5890.

Mail completed application to:

New Jersey Department of Environmental Protection
 Bureau of Radiological Health
 PO Box 415
 Trenton, New Jersey 08625-0415