

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CERTIFICATION OF:

QUALIFIED MEDICAL PHYSICIST ASSISTANT IN RADIOGRAPHY
and /or
QUALIFIED MEDICAL PHYSICIST ASSISTANT IN FLUOROSCOPY

General Instructions:

- Make sure the application is complete.
- All applicants must demonstrate compliance to at least one of qualification options in number 3. Additionally, all applicants must demonstrate their compliance to Number 4.
- All applications must be accompanied by a nonrefundable fee of \$50 for one certificate category and an additional \$25 (totaling \$75) for the second certificate category. 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.

1. CATEGORIES OF CERTIFICATION

N.J.A.C. 7:28-22 requires medical physicists and medical physicist assistants performing initial and annual Medical Physicist QC Surveys on radiographic and fluoroscopic equipment to be certified by New Jersey Department of Environmental Protection.

N.J.A.C. 7:28-22.8 permits a certified “**Qualified medical physicist assistant in radiography**” to perform items number 1-9 on TABLE 4 “Medical Physicist’s Radiographic QC Survey” provided that these items were delegated to the assistant by a certified qualified medical physicist for the supervision of quality assurance programs for diagnostic x-ray imaging. (See N.J.A.C. 7:28-22.8 for details)

N.J.A.C. 7:28-22.9 permits a certified “**Qualified medical physicist assistant in fluoroscopy**” to perform items number 1-10 on TABLE 5 “Medical Physicist’s Fluoroscopic QC Survey” provided that these items were delegated to the assistant by a certified

qualified medical physicist for the supervision of quality assurance programs for diagnostic x-ray imaging. However, an assistant is prohibited from performing any QC Survey tests on fluoroscopic units located in dedicated interventional special procedure suite (See and N.J.A.C. 7:28-22.2 and N.J.A.C. 7:28-22.9 for details)

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

	Qualified medical physicist assistant in radiography
	Qualified medical physicist assistant in fluoroscopy

1. Qualification Options:

Listed below are 5 qualification options (i.e., letters a-e). Please indicate the option that **best** describes your qualifications. Your application’s review will be based on the option in which you have chosen.

a. _____ I am currently certified by the ARRT in general radiography and/or a licensed diagnostic radiologic technologist in New Jersey. I also have at least five years of experience as a practicing diagnostic radiologic technologist with at least one year of experience performing QC tests on radiographic equipment.

If you qualify by this option submit the following documentation:

Document	Please Label Document	Check if enclosed
Copy of current ARRT certification in general radiography and/or NJ license in diagnostic radiologic technology.	EXHIBIT A	
Curriculum Vitae documenting work experience as a diagnostic radiologic technologist. This should describe your QC experience indicating: facilities; dates; supervisors; QC tests and responsibilities; and types of ionizing radiation producing equipment.	EXHIBIT B	

b. _____ I am currently certified by the ARRT in both general radiography and quality management with at least three years of experience as a practicing diagnostic radiologic technologist.

If you qualify by this option submit the following documentation:

Document	Please Label Document	Check if enclosed
Copy of current ARRT certifications in general radiography and quality management.	EXHIBIT A	
Curriculum Vitae documenting work experience as a diagnostic radiologic technologist.	EXHIBIT B	

c. _____ I have a bachelors degree from an accredited college or university inbiology, chemistry, radiation sciences, physics, engineering or a related field and four years of technical experience performing quality control tests on x-ray equipment in the category(ies) for which I

am applying.

If you qualify by this option submit the following documentation:

Document	Please Label Document	Check if enclosed
Curriculum Vitae	EXHIBIT A	
Applicable QA Continuing Education Information	EXHIBIT B	
Copy of undergraduate 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	

d._____ I have a master’s degree or doctorate degree from an accredited college or university in radiological health, radiation sciences, physics, chemistry, environmental sciences, engineering or a related field and two years of technical experience performing quality control tests on x-ray equipment in the category(ies) for which I am applying.

If you qualify by this option submit the following documentation:

Document	Please Label Document	Check if enclosed
Curriculum Vitae	EXHIBIT A	
Applicable QA Continuing Education Information	EXHIBIT B	
Copy of undergraduate 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	

e._____ I do not meet any of the qualifications in letters a-d above. However, I believe I am competent to act in the category(ies) for which I am applying, since I may have educational, professional, clinical, technical, employment, or relevant experience in the category(ies) for which I am applying.

If you qualify by this option submit the following documentation:

Document	Please Label Document	Check if enclosed
Curriculum Vitae	EXHIBIT A	
Applicable QA Continuing Education Information	EXHIBIT B	
Copy of undergraduate 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	

Please note this option requires the review and approval of the Commission on Radiation Protection. This review may take up to 2 to 3 months.

1. ADDITIONAL QC TESTING EXPERIENCE

IMPORTANT INSTRUCTIONS: In addition to meeting at least one of the qualification options in number 3 above, all applicants must demonstrate their competency in performing QC tests on x-ray equipment specific to the category(ies) for which they have applied.

FOR CERTIFICATION AS AN ASSISTANT IN RADIOGRAPHY ONLY:

If you are applying for approval for certification as “**Qualified medical physicists assistant in radiography**”, you must demonstrate to the satisfaction of the Department, that you received, at a minimum, training and instruction on performing QC tests and have performed items 1-9 on TABLE 4 “Medical Physicist’s Radiographic QC Survey” on at least 5 radiography units while under the immediate supervision (i.e., in-room supervision) of a “Qualified medical physicist for the supervision of quality assurance programs in diagnostic x-ray imaging.”

Please submit the following documentation:

Document	Please Label Document	Check if enclosed
Supervisor's statement describing the specific QC tests competently performed and the supervision given. The statement must demonstrate that the supervisor meets the qualifications of certification.	EXHIBIT 1	

FOR CERTIFICATION AS AN ASSISTANT IN FLUOROSCOPY ONLY:

If you are applying for approval for certification as “**Qualified medical physicists assistant in fluoroscopy**”, you must demonstrate to the satisfaction of the Department, that you received, at a minimum, training and instruction on performing QC tests and have performed items 1-7 and 9-10 on TABLE 5 “Medical Physicist’s Fluoroscopic QC Survey” on at least 5 fluoroscopic units while under the immediate supervision (i.e., in-room supervision) of a “Qualified medical physicist for the supervision of quality assurance programs in diagnostic x-ray imaging.”

Please submit the following documentation:

Document	Please Label Document	Check if enclosed
Supervisor's statement describing the specific QC tests competently performed and the supervision given. The statement must demonstrate that the supervisor meets the qualifications of certification.	EXHIBIT 1	

Please note that the above criteria are the minimum levels of training and instruction for certification. However, prior to the delegation of QC tests to a certified medical physicist assistant by a certified medical physicist, the certified medical physicist shall provide additional adequate training and instruction in the type of equipment and the specific test procedures.

5. SIGNATURE

I have read and understand the requirements and limitations regarding the practice of a medical physicist assistant. Additionally, 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 X-Ray Compliance at 609-984-5890.

Mail completed application to:
New Jersey Department of Environmental Protection
Bureau of X-Ray Compliance
PO Box 420 MC 25-01
Trenton, New Jersey 08625-0415