

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR REVIEW OF CREDENTIALS**

QUALIFIED INDIVIDUAL FOR THE PERFORMANCE OF RADIATION SURVEYS **and/or** QUALIFIED MEDICAL PHYSICIST FOR THE SUPERVISION OF QUALITY ASSURANCE PROGRAM FOR THERAPY SIMULATOR SYSTEMS **and/or** QUALIFIED RADIOLOGICAL PHYSICIST FOR THERAPEUTIC INSTALLATIONS **and/or** RADIATION SURVEYOR FOR NON-MEDICAL X-RAY SYSTEMS

1. PERSONAL DATA

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

*Under the Federal Privacy Act, 5USC 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

N.J.A.C. 7:28-14 and 15 require that certain procedures be performed by individuals meeting qualifications as defined in the Subchapter. This application will facilitate the review of qualifications of individuals performing those procedures. For which category(ies) are your submitting documentation of qualification (check all that apply)?

	Qualified individual for the performance of <u>radiation surveys</u> for diagnostic x-ray equipment and therapy simulator systems
	Qualified medical physicist for the supervision of <u>quality assurance programs for therapy simulator systems</u>
	Qualified radiological physicist for therapeutic installations
	Radiation Surveyor for non-medical (e.g., industrial/ analytical) x-ray units

- If interested in certification as a medical physicist or medical physicist assistant to perform physicist's QC surveys on radiographic, fluoroscopic, and/or computed tomography equipment as required by N.J.A.C. 7:28-22, please request an application for certification.
- If interested in recognition as a medical physicist for MQSA mammography and/or stereotactic mammography, please call the Mammography Section at 609-984-5370.

3. PUBLIC LIST

A list of qualified individuals, medical physicists, radiological physicists and radiation surveyors will be made available to new registrants of ionizing radiation producing equipment and to the public upon request. Being placed on the list does not constitute licensure or certification and should not be considered as an endorsement by the Department. Do you wish to have your name appear on such a list? ___ YES ___ NO If YES, Please provide Public #

4. BOARD CERTIFICATION LEADING TO QUALIFICATION

If you are certified by any of the following Boards in the fields listed, you qualify for the categories indicated by the check marks.

CERTIFYING BOARD <i>Certification Category</i>	Activities Authorized to Perform		
	Surveys of Environments	QA for Therapy Simulators	Therapy Units
AMERICAN BOARD OF RADIOLOGY*			
<i>Diagnostic Radiological Physics</i>	√		
<i>Radiological Physics</i>	√	√	√
<i>Therapeutic Radiological Physics</i>		√	√
<i>X- and Gamma Ray Physics</i>			√
AMERICAN BOARD OF MEDICAL PHYSICS*			
<i>Diagnostic Imaging Physics</i>	√		
<i>Medical Health Physics</i>	√		
<i>Radiation Oncology Physics</i>		√	
AMERICAN BOARD OF HEALTH PHYSICS			
<i>Comprehensive Health Physics</i>	√		

* or equivalent from the Canadian College of Physicists in Medicine

If you are certified by any of the above Boards, please submit a copy of your certification(s).

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

NOTE: If you are not certified by any of the Boards in the fields listed above, please go to Section 5.

5. EDUCATION & EXPERIENCE LEADING TO QUALIFICATION in lieu of required Board Certification listed in 4 above. N.J.A.C. 7:28-14 and 15 have specific education and training requirements for qualified individuals, qualified medical physicists and qualified radiological physicists depending on the activities performed.

Qualified individual for the performance of radiation surveys for diagnostic x-ray equipment and therapy simulator systems, must meet one of the following:

1. A bachelor's degree from an accredited college in biology, chemistry, radiation sciences, physics, engineering, or mathematics and at least five years of professional technical experience in the field of radiological physics or in the use of medical ionizing-radiation-producing equipment.

2. A master's or doctorate degree from an accredited college in radiological health, radiation sciences, physics, chemistry, environmental sciences, engineering or a related field and at least two years of professional technical experience in the field of radiological physics or in the use of medical ionizing-radiation-producing equipment.
3. Ten years of professional technical experience in the field of radiological physics or in a radiation protection activity. At least five years of the required health physics experience shall have been with medical ionizing-radiation-producing equipment.

Please submit the following information to expedite the review process:

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; responsibilities; types of ionizing radiation producing equipment; and samples of completed radiation surveys	EXHIBIT E	

NOTE: If you do not meet the education and experience requirements, you must file a "PETITION FOR RECOGNITION OF CREDENTIALS" instead of this application.

Qualified medical physicist for the supervision of quality assurance programs for therapy simulator systems, must meet the following:

1. Certification by the American Board of Radiology or the American Board of Medical Physics in a category **other than** therapeutic radiological physics or radiation oncology physics and at least three years of professional, clinical and technical experience obtained under the supervision of a qualified medical physicist for the supervision of quality assurance for therapy simulator systems.
2. A master's or doctorate 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 obtained under the supervision of a qualified medical physicist for the supervision of quality assurance programs for therapy simulator systems.

Please submit the following information to expedite the review process:

Document	Please Label Document	Check if enclosed
Copy of Board Certification	EXHIBIT A	
Curriculum Vitae	EXHIBIT B	
Applicable Continuing Education Information	EXHIBIT C	
Copy of undergraduate and graduate degree	EXHIBIT D	
College transcript (if field of study is not clear on degree)	EXHIBIT E	

Description of your experience indicating: facilities; dates; supervisors; responsibilities; types of ionizing radiation producing equipment; and samples of completed QC test surveys	EXHIBIT F	
Supervisor's statement describing the nature of the experience, supervision given and competency. The statement must demonstrate that the supervisor is "qualified" as specified in NJAC 7:28-15.2	EXHIBIT G	

NOTE: If you do not meet the education and experience requirements, you must file a "PETITION FOR RECOGNITION OF CREDENTIALS" instead of this application.

Qualified radiological physicist for therapeutic installations must meet one of the following:

1. At least a bachelor's degree in one of the physical sciences and is eligible for certification by the American Board of Radiology either in radiological physics, x- and gamma ray physics or therapeutic radiological physics;
2. A bachelor's degree in physical sciences and three years full time experience working under the direction of a physicist certified by the American Board of Radiology;
3. A doctorate or master's degree in physical science and two years such experience;
4. A doctorate or master's degree in radiological or medical physics and two years of full time post-doctoral training with clinical experience.

Please submit the following information to expedite the review process:

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; responsibilities; types of ionizing radiation producing equipment; and samples of completed surveys and calibrations required in N.J.A.C. 7:28-14	EXHIBIT E	
If applicable, letter of ABR certification eligibility	EXHIBIT F	
Supervisor's statement describing the nature of the experience, supervision given and competency. The statement must demonstrate that the supervisor is "qualified" as specified in NJAC 7:28-14	EXHIBIT G	

NOTE: N.J.A.C. 7:28-14.2 does not contain a petition provision. You must meet the requirements above.

6. Radiation surveyor non-medical (e.g., industrial/ analytical) x-ray units:

Please submit the following information to expedite the review process:

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; responsibilities; types of ionizing radiation producing equipment and samples of completed radiation surveys	EXHIBIT E	

7. SIGNATURE

I certify that the information provided with this application is true and accurate. I am aware that if any of the information provided is willfully false, I am subject to punishment.

Signature	Date
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If you have any questions, please call BXC at 609-984-5890.

Mail completed application to:

NJDEP
Bureau of X-Ray Compliance
PO Box 420 Mail Code 25-01
Trenton, NJ 08625-0420
ATTN: Al Orlandi

OR Fax to 609-984-5811
OR E-mail to BXC@dep.nj.gov