

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 | (Daytime) | (Evening) |
| Fax Numbers | (Daytime) | (Evening) |
| 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. REQUIREMENTS FOR 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 test 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.

N.J.A.C. 7:28-22.9 permits a certified “**Qualified medical physicist assistant in fluoroscopy**” to perform test items number 1-7 and 9-10 on TABLE 5 “Medical Physicist’s Fluoroscopic QC Survey” on non-digital fluoroscopic units 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. According the N.J.A.C. 7:28-22.9(b)2, an assistant is not permitted to perform any test item on digital fluoroscopic units or on fluoroscopic units located in dedicated interventional special procedure suite.

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | Qualified Medical Physicist Assistant in Radiography |
| <input type="checkbox"/> | Qualified Medical Physicist Assistant in Fluoroscopy |

Please submit information in numbers 5 and 6.

4. Medical Physicist Assistant in Fluoroscopy Exemptions:

You may apply for an exemption to so that you can be delegated the following QC tests that are currently prohibited by N.J.A.C. 7:28-22.9(b)2:

- a. Test #8 - Half Value Layer (HVL) on non-digital fluoroscopic units and
- b. Tests #1-10 on digital fluoroscopic units.

Please note that there is no exemption provision from the prohibition of an assistant performing QC tests on fluoroscopic unit located in dedicated interventional special procedure suite. All tests on this equipment must be performed by a certified qualified medical physicist for the supervision of quality assurance programs for diagnostic x-ray imaging.

Are you requesting an exemption from:

| | YES | NO |
|--|--------------------------|--------------------------|
| Test #8 – Half Value Layer (HVL) on non-digital fluoroscopic units | <input type="checkbox"/> | <input type="checkbox"/> |
| Tests #1-10 on digital fluoroscopic units | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, you must all submit information that is requested in number 7.

5. 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

- 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 in biology, 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 | |
| Copies of any relevant National and/or State Certifications or Licensures | EXHIBIT B | |
| Applicable QA 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; QC tests and responsibilities; and types of ionizing radiation producing equipment | EXHIBIT F | |

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

6. ADDITIONAL QC TESTING EXPERIENCE

IMPORTANT INSTRUCTIONS: In addition to meeting at least one of the qualification options in number 5 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.

a. 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 1R | |

Please note that the above criteria are the minimum levels of training and instruction for certification. According to N.J.A.C. 7:28-22.8(d), 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.

b. 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 1F | |

Please note that the above criteria are the minimum levels of training and instruction for certification. According to N.J.A.C. 7:28-22.9(d), 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.

7. ADDITIONAL INFORMATION REQUESTING AN EXEMPTION:

If you answered “yes” to number 4, please submit the following documentation:

- a. For Test #8 – Half Value Layer (HVL) on non-digital fluoroscopic units:

| Document | Please Label Document | Check if enclosed |
|---|------------------------------|--------------------------|
| Supervisor's statement documenting that training and instruction was provided to competently perform HVL on non-digital fluoroscopic units that included the type of equipment and the specific test procedure. | EXHIBIT E1 | |

- b. For Tests #1-10 on digital fluoroscopic units:

| Document | Please Label Document | Check if enclosed |
|---|------------------------------|--------------------------|
| Supervisor's statement documenting that training and instruction was provided to competently perform items numbered 1-10 on digital fluoroscopic units not located in dedicated interventional special procedure suites, which included the type of equipment and specific test procedures. | EXHIBIT E2 | |

8. 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 |
|-----------|------|

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

avo-6707 (8/07)