Print Form

State of California—Health and Human Services Agency

California Department of Public Health
Radiologic Health Branch

LIMITED PERMIT X-RAY TECHNICIAN SCHOOL AFFILIATED CLINICAL SITE

Please Note: This request shall be approved by the California Department of Public Health-Radiologic Health Branch (CDPH-RHB) IN WRITING and the affiliated clinical site approval shall be posted at the site before the student may start clinical training. This form shall be submitted prior to approval of each affiliated clinical site.

Inform the Department of any changes regarding affiliated clinical sites using this form.

FOR CDPH-RHB USE ONLY

ACS NUMBER_____ Approved_____ Denied_____ Reviewed by_____

Instructions: Complete all sections. Indicate the purpose of the request below, and follow the instructions provided.

☐ **New** ☐ **Change** ☐ **Discontinue**

[A] School Information (print clearly and complete all fields)

Name of School	School Identification Number

[B] Facility (Affiliated Clinical Site) Information (print clearly and complete all applicable fields)

Registration (Facility) Number	Expiration Date	
Current Facility Name as Registered with CDPH-RHB		**Telephone Number**
Current Address (physical location of facility)	**City**	**ZIP Code**
Previous Facility Name as Registered with CDPH-RHB (if applicable)		**Telephone Number**
Previous Address (if applicable)	**City**	**ZIP Code**

Please indicate permit category(ies) requested for clinical training:

☐ Chest	☐ Extremities	☐ Torso-Skeletal	☐ Skull	☐ Leg-Podiatry	☐ Dental Laboratory	☐ Bone Densitometry

[C] ***By my signature below, I declare under penalty of perjury under the state law of California that the information submitted on this form is true and correct, and I agree to abide by all laws and regulations pertaining to school approval, school operation, and the training of limited permit X-ray technician student(s).***

Name of Designated School Official (print clearly)	Title
Signature of Designated School Official	Date

Mail the completed form to either of the address below:

Mailing Address:
California Department of Public Health
Radiologic Health Branch, MS 7610
Certification Unit (X-ray Schools)
P.O. Box 997414
Sacramento, CA 95899-7414

Or

Express Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Certification Unit (X-ray Schools)
1500 Capitol Avenue, 5th Floor, Bldg. 172
Sacramento, CA 95814-5006