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### PHYSICS SUPPORT PERSONNEL APPLICATION/RENEWAL

Please complete this application electronically using your Adobe Reader (downloadable at [www.azrra.gov](http://www.azrra.gov)). Save the completed form to your pc for your records, print, sign application, and scan along with all requested supporting documentation. If possible, please combine application and all supporting documentation into a single pdf and submit as an email attachment to [jperkins@azrra.gov](mailto:jperkins@azrra.gov). Submissions also accepted by fax and mail, however it is requested that the application be filled out electronically for the ease of legibility.

#### APPLICANT INFORMATION

Business Name	Last Name	First Name	MI
Business Address	Street No. or POB	Suite	City
Daytime Phone	Fax	Email	State
			Zip

This application is for a (check one):      **New Applicant**                      **Applicant Renewal**

(Sections A&B may be skipped by Renewal Applicants if there are no changes to the information since previous application.)  
\*\*ARS § 1-502 requires new applicants to submit a legible copy of their driver's license and social security card for verification of U.S. citizenship.\*\*

Applicant is requesting approval to provide physics support for:

Radiation Therapy	Diagnostic X-Ray	Radioactive Materials Exempt Quantities Licensed Materials –	Mammography
			NRC or Agreement State License No.

#### SECTION A: CERTIFICATION and EDUCATION

Professional Certification:              **Board Certified**                      **Board Eligible**

Certifying Board:    Specialty:  
*Please submit a copy of your board certification to this application (attach an electronic copy to an application submitted by email).*

Education: Highest Degree Acquired:                      Area of Study:  
*Please submit a copy of curriculum vitae to this application (attach an electronic copy to an application submitted by email).*

#### SECTION B: EXPERIENCE

Indicate the number of years you have provided physics support in each of the following:

General Radiology	Mammography	Radioactive Materials	Therapy
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Indicate the number of years experience under the supervision of an experienced physicist in the same categories.

General Radiology	Mammography	Radioactive Materials	Therapy
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#### SECTION C: CONTINUING EDUCATION

Total continuing education units relating to radiological health and physics received **within past 2 Years**. Indicate the number of units received within the following specialties:

General Radiology	Mammography	Radioactive Materials	Therapy
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