



## PHYSICIST-IN-TRAINING

A copy of Chapter 483, Part IV, Florida Statutes, and Rule Chapter 64B23, Florida Administrative Code, is available at [http://www.doh.state.fl.us/mqa/medphys/dr\\_statutes.html](http://www.doh.state.fl.us/mqa/medphys/dr_statutes.html). You should read the regulations to determine your eligibility for licensure.

Within thirty (30) days after your application and fees are received, you will be sent a letter informing you of the status of your application.

**I. APPLICATION AND CERTIFICATION FEES** – The application fee is non-refundable. Make certified check or money order payable to the Division of Medical Quality Assurance and securely attach them to the application form.

Application Fee -	\$100.00
Certification Fee -	100.00
Unlicensed Activity Fee -	<u>5.00</u>
	<b>\$205.00</b>

**II. COMPLETING THE APPLICATION FORM** – Complete the application form by printing neatly in pen or typing the information on the form. Illegible applications will not be reviewed and will be returned.

Questions must be answered fully and truthfully. Obtaining a certification by fraudulent misrepresentation is grounds for denial of your application or revocation of your certification. Original documentation must be submitted; photocopies of signature(s) are not acceptable. It is your responsibility to notify this office in writing if the answers to any of the questions change, even if the application is already approved.

**Section 1: Applicant Profile Data:** Complete this section and attach a recent passport-style photograph to the form. Your name should be printed on the back of the photograph.

**Mailing Address:** List the address where correspondence regarding this application may be received.

**Section 2: Area of Specialization:** Complete this section by providing the academic qualifications for each specialization as required by the appropriate board. These academic qualifications must already be met at the time of application. Please have your college or university provide an official copy of your transcript.

**Section 3: Supervisor Profile Data:** This section must be completed by the individual who will be supervising the physicist in training. The supervisor must hold a Florida medical physicist license in the appropriate specialty.

**Section 4. Applicant History:** If you answer "yes" to any question in this section, attach supporting documentation which includes a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professionals summarizing diagnosis, treatment and prognosis; or any other official as it relates to any "yes" answer. Documentation should be current within the last year.

**Section 5: Prevention of Medical Errors:** A certificate showing completion of an approved 2 hour course on the prevention of medical errors must be submitted with the application.

**Section 6: Statement of Applicant and Supervisor:** Read this section carefully. Your supervisor's original signature and date signed are required on the application form.

**III. SUBMISSION OF DOCUMENTS** – All applications and fees should be mailed to:

Department of Health  
Division of Medical Quality Assurance  
Advisory Council of Medical Physicists  
Post Office Box 6330  
Tallahassee, Florida 32314-6330

All supporting documents should be mailed to:

Department of Health  
Division of Medical Quality Assurance  
Advisory Council of Medical Physicists  
4052 Bald Cypress Way, Bin C-07  
Tallahassee, Florida 32399-3257



## 2. AREA OF SPECIALIZATION

Please specify the area of specialization and the academic qualifications for each specialization as required by the appropriate board (American Board of Radiology, American Board of Medical Physics, American Board of Health Physics, Canadian Board of Medical Physics, American Board of Science in Nuclear Medicine). These academic qualifications must already be met at the time of application. Please provide a copy of the applicable transcript.

## 3. SUPERVISOR PROFILE DATA

### NAME:

LAST

FIRST

MIDDLE

### MAILING ADDRESS:

NUMBER

STREET

APT OR SUITE

CITY

STATE

ZIP CODE

### PRIMARY PRACTICE ADDRESS, IF DIFFERENT:

NUMBER

STREET

SUITE NUMBER

CITY

STATE

ZIP CODE

### TELEPHONE AND LICENSE NUMBER:

BUSINESS: (      )

LICENSE NUMBER:

#### 4. APPLICANT HISTORY

- a. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?  **YES**  **NO**
- b. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment.  **YES**  **NO**
- c. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice as a medical physicist in training within the past five years?  **YES**  **NO**
- d. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice as a medical physicist in training?  **YES**  **NO**
- e. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?  **YES**  **NO**
- f. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that impaired your ability to practice as a medical physicist in training within the last five years?  **YES**  **NO**
- g. Regardless of adjudication have you ever been convicted of, or pled nolo contendere to, regardless of adjudication, any federal, state, local statute, regulation or ordinance, relating to a misdemeanor or felony which relates to the practice of, or the ability to practice medical physics?  **YES**  **NO**
- h. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court. Driving under the influence or driving while impaired is not a minor traffic offense for purpose of this question.  **YES**  **NO**
- i. Have you ever had any application for medical physicists in training or any application to practice as a medical physicists in training denied by any state board or other governmental agency of any state or country?  **YES**  **NO**
- j. Have you ever had a license to practice medical physicists in training revoked, suspended, or other disciplinary action taken in any state, territory or country?  **YES**  **NO**

**5. AFFIRMATION OF APPLICANT**

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files or records requested by them in connection with the processing of this application. I further authorize the Department of Health to release to the organizations, individuals, and groups listed above any information which is material to my application.

I hereby certify that the statements made herein are true to the best of my knowledge, and further that if granted a license by the Department of Health, I agree to keep the Department advised as to my address; to give assistance to procuring evidence against, and in the prosecution of violators of the regulation governing the practice of medical physics. I am aware that if I should violate Chapter 483, Part IV, or Chapter 456, Part II, Florida Statutes and any rules promulgated thereto, that my license may be revoked or otherwise acted against.

I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits. As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

Signed: **(Applicant):** \_\_\_\_\_

Date: \_\_\_\_\_

**6. AFFIRMATION OF SUPERVISOR**

I hold a Florida medical physicist license in the appropriate specialty, agree to provide supervision for a period of one year to this applicant, to be a responsible medical physicist for all medical physicist activities performed by this applicant under my supervision, and to sign all reports by the physicist-in-training. As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

Signed: **(Supervisor):** \_\_\_\_\_

Date: \_\_\_\_\_

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