



ATTACHMENT A: Qualified Physicist

Oregon Health Authority | Radiation Protection Services

Complete this Attachment to request approval to be a Qualified Physicist in Oregon. Complete all items in this application. Missing information will delay the application process. Keep a copy of the completed application for your records.

☐ New License ☐ Renewal of License #: _____ ☐ Update Information on existing License #: _____

☐ Business Name: _____

Qualified Physicist Information

Name & Title: _____

Phone #: _____ Email: _____

Type of Dosimeter _____ Frequency of Reading: _____

Select the type of service you will be providing:

☐ Physics Testing ☐ Radiation Oversight ☐ Shielding

Select the type of equipment you will be working with:

☐ CT ☐ Fluoroscopic ☐ General X-ray ☐ Mammography ☐ Therapeutic

Board Certification: list certifications and attach copies of certificates

Education: list degrees and attach diplomas

Clinical Experience: Include number of facilities and machines tested in the last 2 years.

Prior to August 1, 2014

Provide documentation that you have been working in the area of CT in the State of Oregon prior to August 1, 2014.

☐ A list of CT facilities inspected independently during the past 24 months.

☐ A copy of CT training certificates for training completed in the past 36 months

Once approved each qualified physicist must meet the continuing experience and education requirements.

Agency Use Only

Reviewer: _____ Review Date: _____ ☐ Approved ☐ Denied

Comments: _____
