



**Application for Registration:  
 Qualified Expert (QE)**

This form is an application for registration as a Colorado Qualified Expert for preparation of radiation shielding designs of x-ray producing machines and performing radiation exposure surveys. The registration is for a one year period. Renewals must be received 30 days prior to the expiration date. Please refer to 6 CCR 1007-1 *Colorado Rules and Regulations Pertaining to Radiation Control* Part 2, Appendices 2-B and 2-C for additional information. (QE registration is included in Registered Medical Physicist (RMP) registrations and does not require a separate application from RMP registration)

New Application \_\_\_\_\_ (\$100 fee)      Renewal Application \_\_\_\_\_ (\$100 fee)

**Applicant Information:**

QE # \_\_\_\_\_ Registration Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Preferred contact method: Office Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_ (Select only one. Email will be default if no selection made)

**Qualifications (Required for new applications only)**

Education:  Masters (MS)     PhD    Major \_\_\_\_\_ (attach copy of diploma or transcripts)

Experience: \_\_\_\_\_ Number years of experience as required in 6 CCR 1007-1, Part 2, appendix 2I.1.2

**Professional Certification - Attach copy of certificate, authorization letter, or other documentation of your certification**

- American Board of Radiology
- American Board of Medical Physics
- Canadian College of Physicists in Medicine
- American Board of Science
- Other

Specialty (e.g. Diagnostic Radiological Physics) \_\_\_\_\_

**Qualified Expert category (select only one)**

- QE (S) - Non-Healing Arts Shielding/Survey
- QE (R) - Healing Arts and Non-Healing Arts Shielding/Survey
- QE(T) - Radiation Therapy, Healing Arts and Non-healing arts Shielding/Survey

**New Client Preferences (select only one)**

- Accepting new clients
- Private employer only
- Not accepting clients at this time

**Geographic coverage (select one only)**

- All of Colorado
- Front Range only
- Western Slope only

**Instrumentation Calibration:**

Applicant will perform all radiation exposure surveys with instruments that are in compliance with 6 CCR 1007-1, Part 2.4.4.6, maintained in good working order, and calibrated at least every two (2) years, or in accordance with the manufacturer's recommendation, whichever is more frequent, or after any repair that could affect the calibration of the instrument.

Yes       No

I certify by my signature below under penalty of law that this application is prepared in conformity with the Colorado Department of Public Health and Environment's 6 CCR 1007-1 *Rules and Regulations pertaining to Radiation Control* and that all information contained herein, including any attachments, is true, accurate and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Applicant's Signature and Title

\_\_\_\_\_  
Date of Application

Payment: Applicant will be invoiced (invoiced applicants may use the CDPHE on-line payment portal which accepts echeck, Debit and Credit Cards)

Send completed form with all attachments to

Email: [cdphe\\_xray\\_qjisc@state.co.us](mailto:cdphe_xray_qjisc@state.co.us)

Mail:  
Colorado Department of Public Health and Environment  
HMWMD- XRC -B1  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

**For Office Use Only**

Application received date: \_\_\_\_\_

Payment:

Check # \_\_\_\_\_ Check date \_\_\_\_\_ Amt. of Payment \$ \_\_\_\_\_ CDPHE Staff Initials \_\_\_\_\_

Invoice # \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied - Reason for denial: \_\_\_\_\_

Approval/Denial date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Supervisor review date: \_\_\_\_\_

Registration letter sent date : \_\_\_\_\_ by \_\_\_\_\_  Email  Mail

An electronic copy of this form may be found at: <https://www.colorado.gov/cdphe/xray>