



State of Colorado
Department of Public Health & Environment
R-82 Application for Renewal of Registration
Bone Densitometry Equipment Operator

INSTRUCTIONS: This application is for renewing your Bone Densitometry Registration. This application must have original signatures and dates. **Please provide all information requested on this form.** Mail the original completed form with all attachments to the **Colorado Department of Public Health and Environment (see addresses below)**. Please retain a copy of the completed application form for your records. All registrations of Bone Densitometry Equipment Operators are issued in accordance with the requirements contained in the *Colorado Rules and Regulations Pertaining to Radiation Control*, 6 CCR 1007-1, Part 2, Appendix 2F. **For questions about completing this form, please call (303) 692-3448 or (888) 569-1831 ext. 3448 toll-free (outside the 303 area code) or fax (303) 691-7841 Attention: X-Ray Certification Unit.**

An application processing fee of \$60.00 must be submitted along with the application. Please contact 303-692-3448 to arrange a credit card payment.

APPLICATION DATE: _____
Renewal Attachments: <input type="checkbox"/> Documentation of 18 Continuing Education Units attached. <input type="checkbox"/> ISCD Certification attached.

Application Information:		
Applicant's Name:	SSN (Last four digits):	Date of Birth
Mailing Address:		
City:	State:	Zip Code:
Business Phone Number	Cell Phone Number	Other Phone Number
Email Address:		
Employer/Business Name:		Facility Registration #:
Employer/Business Address:		
City:	State:	Zip Code:

As a Colorado state registered Bone Densitometry Equipment Operator, I affirm that I have maintained my ISCD certification or have completed 18 hours of continuing education as required by Appendix 2F, Section 2F.2.5. I also understand that if I do not meet the requirements of Appendix 2F, I will no longer be a registered Bone Densitometry Equipment Operator. The applicant named in the application certifies that this application is prepared in conformity with the Colorado Rules and Regulations Pertaining to Radiation Control and that all information contained herein, including any attachments hereto, is true and correct to the best of my knowledge and belief.

Applicant Signature	Date of Application
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Office Use Only	
<input type="checkbox"/> Approval <input type="checkbox"/> Denial	
Reviewer signature:	Date
Supervisor Signature:	Date
Method of Payment:	
CDPHE Fee: <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Credit Card Staff Initials:	