

THE SOUTH CAROLINA RADIATION QUALITY STANDARDS ASSOCIATION
P.O. Box 7515 • Columbia, SC 29202 • Telephone (803) 771-6141

APPLICATION
FOR
PROVISIONAL CERTIFICATION

CATEGORY (Check All That Apply)

Limited Practice Radiographer-Podiatric^
Limited Practice Radiographer-Chiropractic^

APPLICATION FEE IS \$50.00 for a one year certification cycle (regardless of the number of categories checked). Please make checks payable to the SCRQSA. Fee is NOT refundable. Payment of fee is not deductible as charitable contribution but may qualify as an employee business expense deduction on your personal tax return. For more information, contact IRS Service Center (1-800-829-1040)

IMPORTANT NOTICE: Failure to provide complete and accurate information in each of the spaces provided or failure to include the correct fee will result in an incomplete application. Incomplete applications are returned and penalties will be applied. It is the individual's responsibility to notify the SCRQSA within 30 days of a change of address.

Last Name _____		First Name _____		M.I. _____
Please print				
Home Mailing Address _____ _____				
City _____		State _____	Zip _____	
Birthdate and Social Security must be provided for purposes of positive identification.				
MO	DAY	YR	SOCIAL SECURITY NUMBER	
EMPLOYMENT: _____				
FACILITY				
Check if more than one place of employment				
_____ Signature of applicant			_____ Date	