

Physicist Assistant Supervisory Agreement Attestation

General instructions

1. Complete all parts of the supervisory agreement attestation form.
2. The qualified medical physicist or qualified expert, and the physicist assistant applicant must review and understand the Minnesota Statute, 144.121 regarding physicist assistant supervision and competency.
3. A supervising qualified medical physicist or qualified expert may only attest to a physicist assistant applicant who is currently registered as MN Service Provider.
4. When a supervisory agreement changes or terminates the qualified medical physicist or qualified expert, and the physicist assistant applicant must notify MDH in writing within 30 days.

Applicant information

First name _____ M.I. _____ Last name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Company Name (Employer) _____

Supervising QMP/QE

I attest that _____ (applicant name) is deemed competent to provide expert physics services medical physics services under my supervision in the appropriate fields or specialties identified below.

Supervising Qualified Medical Physicist or Qualified Expert _____

Appropriate fields or specialties deemed competent

Signature

I have read and understood the requirements and limitations regarding the practice of a physicist assistant. Additionally, I certify that the information provided with the application is true and accurate. I am aware that and false statements and/or information may result in the denial of this application, the revocation of a registration, and other enforcement penalties.

Physicist Assistant's

First name _____ M.I. _____ Last name _____

Signature _____ MNSP number _____

Supervising Qualified Medical Physicist or Qualified Expert

First name _____ M.I. _____ Last name _____

Signature _____ MNSP number _____

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To obtain this information in a different format, call: 651-201-4545.