

RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Application for Registration of Radiation Services

Class III, IV, and V

Company Name: _____

Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ FAX: (_____) _____

E-mail address: _____

Billing Name: _____

Billing Address: _____

Billing Contact: _____

City: _____ State: _____ Zip: _____

RSO: _____ Title: _____

(Note: Attach training & experience of Radiation Safety Officer)

NOTICE: REGISTRATION WITH THE NORTH CAROLINA RADIATION PROTECTION SECTION DOES NOT AFFIRM OR IMPLY THAT THE WORK PERFORMED BY PERSONS HEREBY APPLYING FOR REGISTRATION WILL BE SATISFACTORY OR TECHNICALLY CORRECT.

Registration of "Radiation Services" is required by Rule 15A NCAC 11 .0205 under authority of the North Carolina General Statute 104E-7 as amended. An annual fee for persons registered pursuant to provisions of Rule .0200 of this Chapter is due upon date of issuance of registration and annually thereafter on July 1 in accordance with the Rules described in Section .1100. **DO NOT SUBMIT PAYMENT UNTIL YOUR APPLICATION HAS BEEN APPROVED. YOU WILL RECEIVE AN INVOICE.** Registrations issued after December 31 will receive prorated billing.

Attachment for application for:

Class III Diagnostic Radiographic Facility and Shielding Design:

- Medical Dental (intra-oral) Dental (extra-oral)
- Veterinary Other (specify) _____

Supporting Information needed: (All supporting information must be submitted)

On a separate sheet of paper, list the name, address and the following supporting information for each individual subject to Class III of this application.

- (a) Documentation of formalized training in principles of radiation protection.
- (b) Documentation of formalized training in shielding design.
- (c) Documentation of at least one year experience in diagnostic radiographic and facility and shielding design for the specific type of machine application.
- (d) Examples of the facility and shielding design which will be provided to clients, that includes at least the following:
 - (i) Scaled drawing
 - (ii) Designated position of operator and equipment
 - (iii) Means to observe patient and control
 - (iv) Structural shielding material (composition and thickness)
 - (v) Occupancy factors
 - (vi) Any additional operating requirements for use
- (e) Examples of the calculations which will be performed as part of the facility and shielding design along with any guides, occupancy factor rationales, and workload estimation rationales which will be used.

Class III Applicant’s Name: _____
(please print)

Class III Applicant’s Signature: _____

Date: _____

I certify that the individual named in this application is familiar with the requirements of 15A NCAC 1 “The North Carolina Regulations for Protection Against Radiation” and that all service will be performed in accordance with these Regulations and the procedures accompanying this application.

RSO Signature: _____ Date: _____

Attachment for application for:

Class IV Diagnostic Fluoroscopic Facility and Shielding Design:

Medical Veterinary Other (specify) _____

Supporting Information needed: (All supporting information must be submitted)

On a separate sheet of paper list the name, address and the following supporting information for each individual subject to Class IV of this application:

- (a) Documentation of formalized training in principles of radiation protection.
- (b) Documentation of formalized training in shielding design.
- (c) Documentation of one year experience in diagnostic fluoroscopic facility and shielding design for specific type of machine application
- (d) Example of three different types of facility and shielding design which will be provided to clients, that include at least the following:
 - (i) Scaled drawing
 - (ii) Designated position of operator and equipment
 - (iii) Means to observe patient and machine control
 - (iv) Structural shielding material (composition and thickness)
 - (v) Occupancy factors
 - (vi) Any additional operating requirements for use
- (e) Examples of the calculations which will be performed as part of the facility and shielding design along with any guides, occupancy factor rationales, and workload estimation rationales which will be used.

Class IV Applicant’s Name: _____
(please print)

Class IV Applicant’s Signature: _____

Date: _____

I certify that the individual named in this application is familiar with the requirements of 15A NCAC 11 “The North Carolina Regulations for Protection Against Radiation” and that all service will be performed in accordance with these Regulations and the procedures accompanying this application.

RSO Signature: _____ Date: _____

Attachment for application for:

Class V Diagnostic Area Radiation Survey e.g. Shielding Evaluation

Medical Veterinary Other (specify) _____

Supporting Information needed: (All supporting information must be submitted)

On a separate sheet of paper list the name, address and the following supporting information for each individual subject to Class V of this application:

- (a) Documentation of formalized training in basic radiological health
- (b) Documentation of formalized training in shielding evaluation
- (c) Documentation of at least one year of experience performing area radiation surveys
- (d) List radiation survey and radiation measurement equipment appropriate to the services requested with assurance that the equipment will be calibrated annually
- (e) A description of the procedures that will be utilized in performing area radiation surveys including a list of all guides and references to be employed
- (f) Submit a copy of all forms, reports, and documents that will be supplied to the clients
- (g) Samples of three different types of surveys, that includes at least the following:
 - (i) scaled drawing
 - (ii) radiation levels in adjacent areas

Class V applicant's name: _____
(please print)

Class V applicant's signature: _____

Date: _____

I certify that the individual named in this application is familiar with the requirements of 15A NCAC 11 "The North Carolina Regulations for Protection Against Radiation" and that all service will be performed in accordance with these Regulations and the procedures accompanying this application.

RSO Signature: _____ Date: _____