

## RADIATION PROTECTION SECTION



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

### Application for Registration for Radiation Services Class VI, VII, VIII, and IX

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

Owner's Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

RSO: \_\_\_\_\_ Title: \_\_\_\_\_

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

**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 as amended. An annual fee for persons registered pursuant to provisions of Rule .0200 of the Regulations is due upon issuance of registration and annually thereafter on July 1 in accordance with the Rules described in Rule .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.

(Check each type of category desired under each class)

**Class VI      Radiation Instrument Calibration:**

Survey Instrumentation

Isotope Dose Calibrator

Other (Specify) \_\_\_\_\_

**Supporting Information Needed:**

A copy of a current radioactive materials license or registration authorizing radiation instrument calibration as indicated above.

**Class VII      Therapeutic Facility & Shielding Design, Therapeutic Area Radiation Survey, or Calibration:**

Medical

Accelerator

Other (specify) \_\_\_\_\_

**Supporting Information Required for Each applicant:**

- (a) Documentation of certification by the American Board of Radiology in therapeutic radiological physics, radiological physics, roentgen-ray and gamma ray physics, or x-ray and radium physics or certification by the American Board of Medical Physics, OR:
- (b) Documentation of the following minimum training and experience:
  - (1) Masters degree in physics, biophysics, radiological physics or health physics;
  - (2) One year of full-time training in therapeutic radiological physics;
  - (3) One year of full-time experience in a therapeutic facility including personal calibration and spot-check of at least one machine.
- (c) Submit a description of the procedures that will be utilized in performing therapeutic calibrations including a list of all guides and references to be employed;
- (d) Submit a copy of all forms, reports and documents that will be supplied to customers; and
- (e) Submit one example of each specific type, e.g. teletherapy, accelerator.

**Class VIII      Personnel Dosimetry Service**

Film Badge

TLD

**Supporting Information Needed For Each Applicant:**

A copy of the current personnel dosimetry accreditation from the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology or documentation that only NVLAP accredited dosimetry service will be used.

**Class IX      General Health Physics Consulting**

- Dose analysis
- Bioassay
- Leak testing
- Design of safety program
- Radiation safety training program
- Independent diagnostic radiation output measurements
- Non-healing arts facility and shielding design
- Area radiation surveys

**Supporting Information Required For Each Applicant:**

- (a) Documentation of a baccalaureate degree in a physical science (e.g. physics, chemistry, or radiological science), engineering or a related field and 2 years of progressive experience in medical or health physics; graduate training in medical or health physics may be substituted on a year for year basis; Or
- (b) Certification by the American Board of Radiology in therapeutic radiological physics, roentgen-ray and gamma ray physics, or x-ray and radium physics; certification by the American Board of Health Physics in health physics or certification by the American Board of Medical Physics.
- (c) Examples of reports provided to clients for specific services in which you are applying.

Applicant's Name: \_\_\_\_\_  
(please print)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I certify that the individual(s) named in this application is/are 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.***

Signature of Owner: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_