

Creating a login for the Radiation Control Program's online Centralized Licensing, Inspections and Certification System (CLICS)

If you have questions, email us at: radcontrolclics@health.nv.gov

Go to:

<https://nvrpc.aithent.com>

Under **NEW APPLICANTS APPLY HERE**

choose the type of Registration, License or Certification you want to apply for

STATE OF NEVADA RADIATION CONTROL PROGRAM

ALiS

Online Licensing System

USER LOGIN

Login Name

Password

[Forgot Login/Password](#) **Login**

Password is case sensitive.

If you are already an existing Licensee/Registrant and have not applied for online services, please [Sign-Up Here](#)

Radiation Control Program

Welcome to the online licensing and certification system for Radiation Control Program

NEW APPLICANTS APPLY HERE section is only for new facilities who have not registered with the State of Nevada, Radiation Control Program before.

NEW APPLICANTS APPLY HERE

- New facility to register a Radiation Producing Machine: [click here](#)
- To Register as RPM Installer: [click here](#)
- New Facility to get a License for Radioactive Material: [click here](#)
- To apply for a Mammographer Certification of Authorization: [click here](#)
- To apply for Certificate of Authorization of MQSA Machine: [click here](#)

We accept:

Create a log-in account.
Items with a red * are required fields



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User Registration

Fields marked with asterisk (*) are required.

Facility Information

Facility Name *	<input type="text" value="XYZ Clinic"/>		
Registered Name with Secretary of State	<input type="text" value="XYZ Clinic"/>		
NV Business ID / Local License # *	<input type="text" value="NV4567891230"/>	<input type="checkbox"/>	N/A
Facility Type *	<input type="text" value="CLINIC"/>		

Mailing Address

Country *	<input type="text" value="United States"/>				
Address *	<input type="text" value="123 Test Ave"/>			Apt/Unit/etc.	<input type="text"/>
City *	<input type="text" value="MINDEN"/>	State/Province *	<input type="text" value="NEVADA"/>	Zip *	<input type="text" value="89423"/>
County *	<input type="text" value="DOUGLAS"/>	Primary Phone # - Ext *	<input type="text" value="777-777-7777"/>	Alternate Phone # - Ext	<input type="text"/>
Fax	<input type="text"/>	Primary E-mail *	<input type="text" value="test@test.com"/>	Alternate E-mail	<input type="text"/>

Online Account Information

Login Name *	<input type="text"/>	
Password *	<input type="password"/>	Password is case sensitive and must be at least 8 characters long including: 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.
Re-type Password *	<input type="password"/>	

Create account



Reset

Register

Back



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[Welcome](#) [XYZ Clinic](#) | [Home](#) | [Logout](#)

Home

Contact Information

Name: **XYZ Clinic**
123 TEST AVE,
MINDEN, NV 89423
Phone #: 777-777-7777
Email: TEST@TEST.COM

WHAT DO YOU WANT TO DO?

[View Pending Online Application\(s\)](#)

[Renew](#)

[Storage for existing RPM](#)

[Transfer or Disposal for existing RPM](#)

[Apply for New Credential](#)

[Print Receipt](#)

[Statement of Violation\(s\)](#)

[Pay Invoice\(s\)](#)

[Change Of Information](#)

[Change Name](#)

[View Credential\(s\)](#)

[Change Password](#)

[Update Profile](#)

WELCOME TO YOUR HOME PAGE!