Clear Form

Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

Helping people. It's who we are and what we do.

Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

ATTESTATION FORM

This form must be completed for **ALL** facilities as well as individuals that meet the criteria below:

1. **Facility:** Registering or renewing registration for any radiation producing machine.

Or,

2. **Individual:** Applying for a License, Limited License, or Rural Authorization if working without credentials prior to January 1, 2020.

1. Facility - Machine Registration:

Name of Facility: _____

☐ I attest that all persons engaging in Radiation Therapy and Radiological Imaging working at this facility are licensed pursuant to NRS 459.035. (Signee can be registrant or designated responsible individual).

Name: _____ Title: _____

Signature: _____ Date: _____

2. Individual - Applying for Licensure:

Name of Applicant: _____

Employed in modality on or before 01/01/2020? (Check one): ☐ **Yes** ☐ **No**

Modality the applicant is trained in (Check box for scope of practice):

LIMITED LICENSE: ☐ CHEST ☐ EXTREMITY ☐ SPINE ☐ SKULL/SINUS
☐ BONE DENSITOMETRY ☐ FLUOROSCOPY

FULL LICENSE (ALL IMAGING AND THERAPY PROCEDURES) ☐

☐ I attest that the applicant has been appropriately trained in the modality indicated for positioning, radiation safety and machine operation. And that I have reviewed the state of Nevada requirements as indicated in SB130. (Signee can be registrant, licensee or designated responsible individual).

Name: _____ Title: _____

Signature: _____ Date: _____

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