

Nevada Radiation Control Program

## License Application for Medical Use of Radioactive Materials



APPLICANT IN	FORMATION		
Is this a Renewal? Yes No	PREVIOUS NV LICENSE NUMBER		
NAME OF APPLICANT	NAME OF COMPANY OR	BUSINESS	
APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE
ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED	CITY	STATE	ZIP CODE
*NAME & TITLE OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION	TELEPHONE NUMBER		FAX NUMBER
CONTACT PERSON'S E-MAIL	he contact must have Delegation	n of Authority to	act on the license

RADIOACTIVE MATERIAL (RAM)	CHEMICAL AND/OR PHYSICAL FORM	MAX AMT POSSESSED PER DOSE AND ANY ONE TIME
(SAMPLE) IODINE-131	SODIUM IODINE CAPSULES	≤33 mCI/DOSE & 200 mCi/total

(Include Depleted Uranium if used for shielding)

For Licensing purposes, the Nevada Radiation Control Program will list each radionuclide individually for 10 CFR 35.300, 35.400, 35.500, 35.600 and 35.1000. Please submit each individual radionuclide, the maximum quantity per dose and the total quantity to be possessed. (For example, Iodine-131;  $\leq$ 33 mCi per dose & 200 mCi total)10 CFR 35.100 and 35.200 may be listed as Any Radioactive Material Permitted, Any form, and As needed quantity.

Division of Public and Behavioral Health • Nevada Radiation Control Program 675 Fairview Drive, Suite 218 • Carson City, Nevada 89701 Tel: (775) 687-7550 • *Fax*: (775) 687-7552

RADIOACTIVE	PURPOSE FOR USE
(SAMPLE)IODONE-131	TREATMENT OF THYROID DISEASE.

RADIATION SAFETY OFFICER*			
NAME OF RSO	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS
(OPTIONAL)NAME OF ALTERNATE RSO	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS
*Submit the RSO training certificate and Delegation of Authority form for the RSO and ARSO.			

RESPONSIBLE PARTY(S)**				
NAME & TITLE	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS	
NAME & TITLE	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS	

\*\*If a Licensee would prefer to have an Imaging Director, Lead Technologist or other Responsible Party to have the ability to act on their behalf, a NON-RSO Delegation of Authority can be submitted with the application: <u>http://health.nv.gov/PDFs/Radiology/NON-RSO RPDelegationofAuthority.pdf</u>

DOSIMETRY INFORMATION (NVLAP APPROVED)				
PROCESOR NAME	TLD/FILM/RING	EXCHANGE FREQUENCY	Commit to maintain control badges	
*If dosimetry is not used, s			6 of allowable exposure.	

SURVEY METER INFORMATION			
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
ame of Calibration Comp	any & License #:		

ATTACHMENT CHECKLIST				
-see NAC 459.310				
Use the checklist of commitments and items to submit for Medical Licensing: http://www.health.nv.gov/PDFs/Radiology/Guidances/GuidanceChecklistforMedicallicensee.pdf				
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## LICENSING GUIDANCE

• For licensing guidance, please refer to the U.S. Nuclear Regulatory Commission NUREG-1556 series "Consolidated Guidance About Materials Licenses". There is a specific volume that will pertain to each type of licensing. When the application references commitments, those items become binding and are part of the license conditions and regulatory requirements.

## CERTIFICATION <sup>1</sup>

The Applicant understands that all statements and representations made in this application are binding upon the Applicant. The Applicant, and any official executing this certification on behalf of the Applicant, certify that this application is prepared in conformity with NAC 459 and 10 CFR 35, and that all information herein is true and correct to the best of their knowledge.

The applicant attests that all involved personnel have received training in safe injection practices.

CERTIFYING OFFICER -PRINTED NAME

TITLE

SIGNATURE

DATE