



RADIOACTIVE	PURPOSE FOR USE
(SAMPLE) IODINE-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: [http://health.nv.gov/PDFs/Radiology/NON-RSO\\_RPDelegationofAuthority.pdf](http://health.nv.gov/PDFs/Radiology/NON-RSO_RPDelegationofAuthority.pdf)

DOSIMETRY INFORMATION (NVLAP APPROVED)			
_____	_____	_____	Commit to maintain control badges <input type="checkbox"/>
PROCESSOR NAME	TLD/FILM/RING	EXCHANGE FREQUENCY	
*If dosimetry is not used, submit the calculations to prove below 10% 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

Name of Calibration Company & License #: \_\_\_\_\_

### ATTACHMENT CHECKLIST

- Check payable to **Radiation Control Program** in the amount of \$ \_\_\_\_\_ -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>

### 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**

<sup>1</sup> must be completed by Senior Management or RSO with Delegation of Authority and submit a Organizational Chart  
Division of Public and Behavioral Health • Nevada Radiation Control Program  
675 Fairview Drive, Suite 218 • Carson City, Nevada 89701