

Web ID

Creating a login for the Radiation Control Program's online Centralized Licensing, Inspections and Certification System (CLICS) using information in the Web Id Letter

Note: If you have already registered with the Radiation Control Program, you will need a WebID in order to create a login. If you have not received a webID letter, please contact us at radcontrolclics@health.nv.gov

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Bureau of Health Protection and Preparedness
Radiation Control Program
675 Fairview Drive, Suite 218
Carson City, Nevada 89701
Telephone: (775) 687-7550 · Fax: (775) 687-7552

XYZ Clinic
00 Test Ave., N
Carson City, NV 89701

WebID

January 09, 2019

Dear XYZ Clinic,

The Radiation Control Program (RCP) is pleased to now offer online services. Prior to using the online services, you must sign-up on our secure online web page.

To sign-up, please go to: <https://nvrpc.dhhs.nv.gov/> and follow the "If you are already an existing Licensee/Registrant and have not applied for online services, please Sign-up Here" link. Use the following information for registration (Note: WebID is case sensitive):

Entity Type: Agency
Business Unit: Radiation Producing Machines
Entity Number: 4
Facility Name: XYZ Clinic
WebID: 4G72Qfpf

If you have any questions about the online registration process, please contact us 775-687-7550 or email us at radcontrolclics@health.nv.gov.

Thank you,
The Radiation Control Program

The information to create an account is in the WebID Letter.





[Radiation
Control Program](#)

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](#)

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.

Click on 'Sign Up Here'

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:





STATE OF NEVADA RADIATION CONTROL PROGRAM



User Registration

Fields marked with asterisk (*) are required.

Entity Information

Business Unit *	<input type="text" value="Radiation Producing Machine"/>	Entity Type *	<input type="text" value="Agency"/>
Entity Number *	<input type="text" value="1234"/>	OR	Facility Name
WebID *	<input type="text" value="1bnaedl"/>		<input type="text"/>

If you do not know your WebID please contact the Radiation Control Program at radcontrolclics@health.nv.gov

Reset



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Click Next



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

Online Account Information

Login Name *	<input type="text"/>	<p>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.</p>
Password *	<input type="text"/>	
Re-type Password *	<input type="text"/>	

Reset

Register

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Create account



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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!