

ARKANSAS DEPARTMENT OF HEALTH
Radiation Control Section
Application for Particle Accelerator License
Medical

Instructions - Complete Items 1 through 20 if this is an initial application or an application for renewal of a license. Use supplemental sheets when necessary. Item 20 must be completed on all applications and signed. Keep one copy. Submit original and one copy to: Arkansas Department of Health, Radiation Control Section, 4815 West Markham, Slot 30, Little Rock, AR 72205. A Particle Accelerator License is issued in accordance with the general requirements contained in Section 6, Particle Accelerators, and the license is subject to Section 6 and Section 3, Standards for Protection Against Radiation of the Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation.

1. (a) NAME AND ADDRESS OF APPLICANT (institution, firm, hospital, etc.) Phone _____	(b) STREET ADDRESSES AT WHICH ACCELERATOR WILL BE USED (if different from 1. (a))		
2. PERSON TO CONTACT REGARDING THIS APPLICATION Phone _____	3. THIS IS AN APPLICATION FOR: (check appropriate item) <input type="checkbox"/> a. New License <input type="checkbox"/> b. Amendment to License No. _____ <input type="checkbox"/> c. Renewal of License No. _____		
4. INDIVIDUAL PHYSICIAN - USERS (Attach supplementary sheets, if necessary) A. _____ B. _____ C. _____	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as Radiation Safety Officer)		
6. PARTICLE ACCELERATOR (S) (attach supplementary pages, if necessary)			
a. Identification			
Manufacturer	Model Number	Number Available	Purpose of Use
(1.)			
(2.)			
(3.)			
(4.)			
b. Operating Characteristics			
Modalities Available	Modalities Which Will be Used	Maximum Energy of Each Modality	
(1.)			
(2.)			
(3.)			
(4.)			

FEES - Particle accelerator medical, nonhospital unit....\$450.00 for first unit....\$300.00 for each additional unit

7. RADIATION SAFETY COMMITTEE <input type="checkbox"/> Names and specialites attached <input type="checkbox"/> Duties as in Appendix A; or (check one) <input type="checkbox"/> Equivalent duties attached	13. OPERATING PROCEDURES <input type="checkbox"/> Procedures attached	
8. TRAINING AND EXPERIENCE (see Appendix B) <input type="checkbox"/> Appendix B Form attached for each individual user; and <input type="checkbox"/> Appendix B Form attached for RSO <input type="checkbox"/> Appendix previously submitted	14. EMERGENCY PROCEDURES <input type="checkbox"/> Procedures attached	
9. INSTRUMENTATION <input type="checkbox"/> Appendix C form attached; or <input type="checkbox"/> List by manufacturer and model	15. RADIATION SURVEYS a. Routine Radiation Survey Program <input type="checkbox"/> Procedures attached for area surveys b. Radiation Protection Survey <input type="checkbox"/> Detailed information submitted	
10. CALIBRATION OF INSTRUMENTS a. Survey Instruments (check one) <input type="checkbox"/> Appendix D form attached <input type="checkbox"/> Equivalent procedures attached b. Other Instruments <input type="checkbox"/> Calibration procedures attached	16. CALIBRATION OF PARTICLE ACCELERATOR <input type="checkbox"/> Calibration performed by outside organization; name, address, and registration number attached <input type="checkbox"/> Calibration performed by applicant; detailed procedures attached	
11. FACILITIES AND EQUIPMENT <input type="checkbox"/> Description and diagram attached	17. SPOT CHECK MEASUREMENTS <input type="checkbox"/> Copy of written procedures attached	
12. PERSONNEL TRAINING PROGRAM <input type="checkbox"/> Description of training attached	18. SPECIAL CONSIDERATIONS FOR PARTICLE ACCELERATOR LICENSES <input type="checkbox"/> Appendix E form attached	
19. PERSONNEL MONITORING		
Type	Supplier	Exchange Frequency
<input type="checkbox"/> Film <input type="checkbox"/> TLD <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (Specify)

20. CERTIFICATE

(This item must be completed by applicant)

The application and any official executing this certificate on behalf of the applicant named in Item 1. a. certify that this application is prepared in conformity with Section 6 of the Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. APPLICANT OR CERTIFYING OFFICIAL (signature)

(1) NAME (type or print)

(2) TITLE

b. DATE
