



ARKANSAS DEPARTMENT OF HEALTH

RADIATION CONTROL SECTION
4815 WEST MARKHAM STREET, SLOT #30
LITTLE ROCK, ARKANSAS 72205-3867
TELEPHONE: (501) 661-2378
FAX: (501) 280-4993

APPLICATION FOR REGISTRATION AS A VENDOR
IN THE STATE OF ARKANSAS

Form with four sections: 1. Name, 2. Mailing Address, 3. This application is for (check one), 4. Telephone Number, 5. Radiation Safety Officer/Contact Person.

Please check the following services(s) you will provide to Arkansas registrants/licenses:

- 6.a. X-Ray Equipment (except Mammography)
1. Sales/Leasing
2. Assembly/Installation
3. Servicing/Repair
4. Calibration of X-Ray Equipment
5. Health Physics Support/Consulting



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\_\_\_\_ 6.b. Mammography

\_\_\_\_ 1. Sales/Leasing

—————> *Skip to 8. to complete registration (if no additional services are selected)*

\_\_\_\_ 2. Assembly/Installation

\_\_\_\_ 3. Servicing/Repair

\_\_\_\_ 4. Calibration of Mammography Equipment

\_\_\_\_ 5. Health Physics Support/Consulting

—————> *For 2.-5., see 7.b. for additional items to complete registration.*

\_\_\_\_ 6.c. Therapeutic Radiation Machines

\_\_\_\_ 1. Sales/Leasing

—————> *Skip to 8. to complete registration (if no additional services are selected)*

\_\_\_\_ 2. Assembly/Installation

\_\_\_\_ 3. Servicing/Repair

\_\_\_\_ 4. Calibration of Therapeutic Radiation Machines

\_\_\_\_ 5. Health Physics Support/Consulting

—————> *For 2.-5., see 7.c. for additional items to complete registration.*

\_\_\_\_ 6.d. Training Programs for registrants/licensees

—————> *See 7.d. for additional items to complete registration*



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Please submit the following applicable items to complete the registration:

7.a. X-Ray Equipment (except Mammography)

1. Resume/curriculum vitae
2. Training certificates/board certificates
3. On-the-job training documentation
4. For support/consulting, include a comprehensive list of services to be offered.

Services to be provided by a Qualified Expert, as prescribed in the Regulations, must be specifically listed.

7.b. Mammography

1. Resume/curriculum vitae
2. Training certificates/board certificates
3. On-the-job training documentation
4. For support/consulting, include a comprehensive list of services to be offered.

Services to be provided by a Mammography Medical Physicist, as prescribed in the Regulations, must be specifically listed. MMP applicants must include documentation of 2 years of mammography-specific work experience and copies of mammography-specific continuing education to date. 21 CFR Part 900.12(a)(3) requirements must also be met.

7.c. Therapeutic Radiation Machines

1. Resume/curriculum vitae
2. Training certificates/board certificates
3. On-the-job training documentation
4. For support/consulting, include a comprehensive list of services to be offered.

Services to be provided by a Qualified Medical Physicist, as prescribed in the Regulations, must be specifically listed.



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7.d. Training Programs for registrants/licenseses

- 1. Resume/curriculum vitae for trainers
2. Training certificates/board certificates
3. On-the-job training documentation
4. Detailed course outline/content
5. Copy of exams given with correct answers indicated
6. Duration of course

8. A \$65.00 registration fee must be submitted at the time of application. You will be billed annually to the address in Item 2, unless an additional address is specified for invoicing.

9. Certification:

I certify that the above information is true and correct to the best of my knowledge.

Signature of Radiation Safety Officer or Certifying Individual

Printed Name

Title

Date