



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
RADIOLOGICAL HEALTH
RADIOACTIVE MATERIALS PROGRAM

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE - Medical

INSTRUCTIONS - (Use additional sheets where necessary.)

Retain one copy for your files and submit original application to: Department of Health and Human Services, Radiological Health, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509-5026.

Upon approval of this application, the applicant will receive a Radioactive Material License, issued in accordance with the requirements contained in Title 180, Regulations for Control of Radiation and the Nebraska Radiation Control Act.

1.a Legal Name and Street address of Applicant (Institution, Firm, Hospital, Person, etc.)										
Applicant Name: _____										
Address: _____										
City, State Zip +4: _____										
Telephone #: _____										
FAX #: _____										
e-Mail Address: _____										
1.b Street address(es) at which Radioactive Material will be used. (If different than 1.a)										
(1) Permanent Address: _____										
City, State Zip +4: _____										
(2) Temporary Job Sites Throughout Nebraska? <input type="checkbox"/> Yes <input type="checkbox"/> No										
2. Person to Contact Regarding this Application				3. This is an application for:						
_____				<input type="checkbox"/> New License						
Telephone #: _____				<input type="checkbox"/> Amendment to License No. _____						
				<input type="checkbox"/> Renewal of License No. _____						
<input type="checkbox"/> Table C-2 "Checklist for Items 4-6 of NRH -7" of Regulatory Guide 7.0 (RG 7.0) Appendix C is attached and completed for Items 4-6 of this application instead of completing the items on this form or equivalent pages. (check if used and attached.) RG 7.0 Revision _____ Date _____										
4. Individual User(s) (Check two)										
<input type="checkbox"/> Name and Title of individual(s) who will use or directly supervise use of, Radioactive Materials is listed below. OR										
<input type="checkbox"/> A Equivalent list is attached on 8½" x 11" paper										
AND										
<input type="checkbox"/> Complete a NRH-7A for each individual listed below.										
First Name + Middle Initial	Last Name	Title	Nebraska Medical License #	Place a checkmark for each use of material in 180 NAC 7-						
				041	044	048	055	065	067	085
5. Radiation Safety				*Department Use Only*						
5.A. Radiation Safety Officer (RSO) (Name and Title of Individual designated as Radiation Safety Officer)										
Telephone #: _____										
Complete a NRH-7A for the RSO.										
5.B Radiation Safety Committee (If required by 180 NAC 7-015.08)				Date Received Stamp						
<input type="checkbox"/> A description of the Radiation Committee is attached.										

6. Radioactive Material Data

6.A. Radioactive Material for Medical Use

(Can be completed on additional 8½" x 11" paper or use Appendix C of Regulatory Guide 7.0)

Radioactive Material (Elements and mass number)	Chemical/Physical Form (Make & Model if sealed source)	Maximum Activity Requested (Expressed as Curies, Millicuries, or Microcuries)	Use of Each Form (If sealed source, also give Make and Model Number of the storage and/or device in which the sealed source will be stored and/or used)
Title 180 NAC 3-008.09			For In Vitro Studies
Title 180 NAC 7-041			
Title 180 NAC 7-044			
Title 180 NAC 7-048			
Title 180 NAC 7-055			
Title 180 NAC 7-065			
Title 180 NAC 7-067			
Title 180 NAC 7-085			

6.B. Radioactive Material for Uses not Listed in Item 6.a.

<u>6.b.(1)Element and Mass Number</u>	<u>6.b.(2) Chemical or Physical Form</u> (Make and Model if sealed source)	<u>6.b.(3) Maximum Activity Requested</u> (Expressed as Curies, Millicuries, or Microcuries)	<u>6.b.(4) Use of Each Form</u> (If sealed source, also give Make and Model Number of the storage and/or device in which sealed source will be stored and/or used)

6.C All licensees are required to maintain records important to decommissioning. Licensees authorized to possess licensed material in excess of the limits specified in 180 NAC 3-018 must provide evidence of financial assurance for decommissioning.

Table C-3 "Checklist for Items 7-9 of NRH -7" of Regulatory Guide 7.0 (RG 7.0) Appendix C is attached and completed for Items 7-9 of this application instead of completing the items on this form or equivalent pages. (check if used and attached.) **RG 7.0 Revision _____ Date _____**

OR

The type and scope of information to be provided for items 7 through 9 is described in "Regulatory Guide 7.0 - Radioactive Material Guidance for Medical Use Programs" (RG 7.0)

The information required of the applicant can be submitted on separate sheets for each item. Identify the item number and date of the application in the lower right hand corner of each page **OR** the information can be submitted on the appropriate pages from the most recent revision of Regulatory Guide 7.0 (RG 7.0). Revision _____ Date _____. (Please indicate the most recent revision and date of RG 7.0 used to complete this application.)

7. FACILITIES AND EQUIPMENT

7.A. Facility Diagram (check two)

- Facility Diagrams are attached
- Facility Descriptions are attached

7.B. Instrumentation (check one)

- Part 1 of Appendix G of RG 7.0 is attached and will use Appendix G of RG 7.0; **OR**
- Part 1 of Appendix G of RG 7.0 is attached and Equivalent Procedures are attached

7.C. Dose Calibrator and Other Equipment Used to Measure Dosages of Unsealed Radioactive Material (check one)

- Appendix H of RG 7.0 will be used **OR**
- Equivalent Procedures are attached **OR**
- Not applicable. (No unsealed radioactive material will be used.)

7.D. Therapy Unit – Calibration and Use (check one)

- Procedures are attached (For HDR, Gamma Stereotactic Radiosurgery Unit, Teletherapy or Brachytherapy Use) **OR**
- Not applicable.

7.E. Other Equipment and Facilities (check one)

- Appendix X is attached **OR**
- Not applicable.

8. Radiation Protection Program

8.A. Safety Procedures and Instructions (check one)

- Attached Safety Procedures and Instructions per 180 NAC 7-070 (For Remote Afterloader Units, Teletherapy Units and Gamma Stereotactic Radiosurgery Units) **OR**
- Not applicable

8.B. Safety Instructions for Individuals Working in or Frequenting Restricted Areas (check one)

- Appendix I of R.G. 7.0 will be used; **OR**
- Equivalent Procedures are attached and will be used

8.C. Operating and Emergency Procedures (check three)

- Attach Operating and Emergency procedures
- AND**
- Appendix J of RG 7.0 will be used **OR**
 - Equivalent Procedures are attached and will be used
- AND ONE OF THE FOLLOWING** (Check one)
- Attachment 1 of Appendix J will be used **OR**
 - Equivalent Attachment is attached and will be used

8.D. Safe Use of Unsealed Radioactive Materials (check one)

- Appendix K of RG 7.0 will be used; **OR**
- Equivalent Procedures and are attached and will be used; **OR**
- Not applicable

8.E. Radioactive Gases and Aerosol (e.g., Xenon-133) (check one)

- Appendix Y is attached; **OR**
- Equivalent Supporting Information and Calculations Attached **OR**
- Not applicable

8.F. Minimization of Contamination (check one)

- Attach a description of how facility design and procedures of operation will minimize contamination

8.G. Ordering and Receiving (check two)

- Attach Procedures for receipt and accountability; **AND**
- Appendix L of RG 7.0 will be used; **OR**
- Equivalent Procedures are attached and will be used

8.H. Opening Packages Containing Radioactive Material (check one)

- Appendix M of RG 7.0 will be used **OR**

- Equivalent Procedures are attached and will be used

8.I. ALARA (check one)

- Appendix Z of RG 7.0 is attached **OR**
- Equivalent Procedures are attached and will be used

8.J. Occupational Dose Dosimetry, Internal and External Exposure (check one)

- Part 1 of Appendix N is attached

8.K. Area Surveys (check one)

- Appendix O of RG 7.0 will be used; **OR**
- Equivalent Procedures are attached and will be used

8.L. Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources (check one)

- Appendix AA of RG 7.0 is attached **OR**
- Not applicable

8.M. Procedures for Administrations when a Written Directive is Required (check one)

- Appendix P of RG 7.0 will be used; **OR**
- Equivalent Procedures are attached and will be used **OR**
- Not applicable

8.N. Safety Procedures for Treatment When Patients are Hospitalized (check one)

- Procedures are attached **OR**
- Not applicable

8.O. Release of Patients or Human Research Subjects (check one)

- Appendix Q will be used; **OR**
- Equivalent Procedures are attached and will be used **OR**
- Not applicable

8.P. Mobile Medical Service (check one)

- Procedures are attached (See Appendix E of RG 7.0) **OR**
- Not applicable

8.Q. Leak Tests (check one)

- Part 1 of Appendix R of RG 7.0 is attached and will use Appendix R of RG 7.0; **OR**
- Part 1 of Appendix R of RG 7.0 is attached and Equivalent Procedures are attached and will be used

NOTE: No response is required for the following items but will be examined during an inspection.

Public Dose, Audit Program, Sealed Source Inventory, Records of Dosage and Use of Brachytherapy Sources, Recordkeeping, Reporting and Transportation.

9. Waste Management (check one)

- Appendix W will be used.; **OR**
- Equivalent Procedures attached

10. **CITIZENSHIP ATTESTATION**

It is not necessary to complete the Attestation part of this application below if the application is for a corporation or other separate legal entity. **Explain why:** (For example: This application is for a corporation, partnership, etc.)

OR
 If the entity is owned by an individual, complete the United States Citizenship Attestation Form below.

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev Stat. §§ 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States **OR**
- I am a qualified alien under the Federal Immigration and Nationality Act, my Immigration status and alien number are as follows and I am providing a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Name (Type or print first, middle, last) Signature Date

11.
CERTIFICATION
(This Item must be completed by applicant.)

The applicant and any official executing this document on behalf of the applicant named in Item 1.a., certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services, Title 180, Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief. I am authorized to make binding commitments and to sign official documents on the behalf of the applicant.

Applicant Name From Item 1.a.

By: _____ Date: _____
Signature

Print Name and Title of certifying official authorized to act on behalf of the applicant