

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH
 RADIOLOGICAL HEALTH**

APPLICATION FOR REGISTRATION OF SERVICES FOR RADIATION GENERATING EQUIPMENT

INSTRUCTIONS: (Use additional sheets where necessary.)

■ **Type or print except where indicated.**

■ Retain one copy for your files

■ Submit original application to: Department of Health and Human Services, Division of Public Health, Radiological Health, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509-5026.

■ Submit annual fee per 180 NAC 18-008.

■ Upon approval of the application a "Certificate of Registration for Radiation Generating Equipment." will be issued.

1. Name and Street Address of Applicant's Business (Individual or Company)	
Applicant Name:	_____
Address:	_____
City, State Zip+4	_____
Telephone #:	FAX#
E-mail Address:	_____

2. Name of Person Responsible to Contact Regarding this Application	
Name _____	Telephone # _____

3. Types of Services to be performed (Please check all appropriate boxes.)	Training Requirements References:
<input type="checkbox"/> A. Installation/Service (If "A" is checked, please check at least one of the 3 items below.)	
<input type="checkbox"/> A1. Installation/Assembly (including initial Electronic Calibration) of Radiation Generating Equipment	180 NAC 15-033
<input type="checkbox"/> A2. Service/repair of Radiation Generating Equipment	180 NAC 15-033
<input type="checkbox"/> A3. Measurement of Radiation Generating Equipment output	180 NAC 15-033
<input type="checkbox"/> B. Calibration (If "B" is checked, please check at least one the 3 items below)	
<input type="checkbox"/> B1. Calibration of Diagnostic Radiation Generating Equipment	180 NAC 15-033
<input type="checkbox"/> B2. Calibration of CTs	180 NAC 15-013.01 or 15-013.02
<input type="checkbox"/> B3. Calibration of Therapeutic Radiation Generating Equipment	180 NAC 15-013.01
<input type="checkbox"/> B4. Calibration of Non-Medical Radiation Generating Equipment	180 NAC 15-033
<input type="checkbox"/> C. Consultations (If "C" is checked, please check at least one the 3 items below)	
<input type="checkbox"/> C1. Health Physics Consultations of Diagnostic Radiation Generating Facilities	180 NAC 15-013.01 or 15-013.02 or 15-013.03
<input type="checkbox"/> C2. Health Physics Consultations for CT Facilities	180 NAC 15-013.01 or 15-013.02
<input type="checkbox"/> C3. Health Physics Consultations for Therapeutic Facilities	180 NAC 15-013.01
<input type="checkbox"/> C4. Health Physics Consultations for Non-Medical Radiation Generating Facilities	180 NAC 15-013.02 or 15-013.03
<input type="checkbox"/> D. Reviews (If "D" is checked, please check at least one of the 3 items below.)	
<input type="checkbox"/> D1. Area Surveys and shielding reviews of Diagnostic Radiation Generating Facilities	180 NAC 15-013.01 or 15-013.02 or 15-013.03
<input type="checkbox"/> D2. CT Shielding Facility Reviews	180 NAC 15-013.01 or 15-013.02
<input type="checkbox"/> D3. Therapeutic Facility Reviews	180 NAC 15-013.01
<input type="checkbox"/> D4. Non-Medical area Surveys and shielding reviews of Radiation Generating Facilities	180 NAC 15-013.02
<input type="checkbox"/> E. Demonstration which includes energizing the radiation generating equipment	180 NAC 15-033
<input type="checkbox"/> F. Sales	No training is required
<input type="checkbox"/> G. Other	Dependent on service requested.

4. Training: (At least one individual must be qualified for each of the requested service(s) listed in 3.A through E and G)

- 4.A. Submit name of individual qualified and which service the individual is to provide.**
- 4.B. Attach training requirements for each individual.** (See item 3. On Page 1 of this form for training requirements references.)
- 4.C. Each individual applying for registration must read and understand the requirements of 180 NAC 2.**

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Name of Individual _____
Circle Service(s) Individual is Providing
AI, A2, A3, B1, B2, B3, B4, C1, C2, C3, C4, D1, D2, D3, D4, E, G.
 Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2

Use additional sheet(s) for additional names and information

IF APPLICABLE

5. Attach procedures for x-ray facility shielding reviews. (See 180 NAC 2-005.04, item 4)

6. 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

7. 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., certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services, Title 180, Regulations for 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.

Applicant Name From Item 1.

By: _____ Date: _____
Signature

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

Registration Does Not Imply Approval or Disapproval of Service

Your Application will not be processed without items 6. and 7. being completed.