



**RHODE ISLAND RADIATION CONTROL AGENCY  
APPLICATION FOR REGISTRATION OF  
INDIVIDUALS PROVIDING RADIATION PHYSICS SERVICES**

**\*\*FOR AGENCY USE ONLY\*\***

Category  Lic. No.  Conditions \_\_\_\_\_

/ / \$ \_\_\_\_\_

**Reviewed By** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_

INSTRUCTIONS: Subpart B.4 of the *Rules and Regulations for the Control of Radiation [R23-1.3-RAD]* contains detailed instructions for completing this application. **Send the entire completed application to: RI Department of Health, Office of Facilities Regulation, Radiation Control Program, 3 Capitol Hill - Room 305, Providence, RI 02908-5097.** You should keep a copy of your completed application and attachments, as they will be incorporated into your registration by reference. Checks should be made payable to RI General Treasurer.

**THIS IS AN APPLICATION FOR [Check Appropriate Item]**

NEW REGISTRATION       AMENDMENT TO REGISTRATION # RPS-\_\_\_\_\_

**Facility Name:**  
Please provide the name of the facility (as known to the public) for which you are applying for this license.

Name: \_\_\_\_\_

**Facility Contact Person:**  
Please provide the name and telephone number of a person we can contact concerning this facility.

Name: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

**Facility Mailing Information:**  
Please provide the mailing information for all communication regarding this license.  
(Not published on HEALTH website).

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Address City, State, ZipCode \_\_\_\_\_

Address Country \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Facility Location Information:**  
Please provide the location information for this facility.  
(Published on HEALTH website).

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Address City, State, ZipCode \_\_\_\_\_

Address Country \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Individual Responsible for Radiation Protection**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

<b>Ownership Type:</b> Please check ONE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership
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<b>Ownership Information:</b> Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: _____  DBA: _____
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**RADIATION PHYSICS SERVICES REQUESTED [Check ALL Applicable Items]:**

Calibration of health physics instrumentation  
 General radiation physics services to x-ray facility registrants       medical facilities       other facilities  
 General radiation physics services to radioactive materials licensees       medical facilities       other facilities  
 Calibration of diagnostic x-ray equipment  
 Calibration of therapeutic x-ray equipment and/or medical accelerators [Radiotherapy Physicist]<sup>1</sup>  
 Calibration of therapeutic medical devices utilizing sealed radioactive sources [Authorized Medical Physicist]<sup>2</sup>  
 Teletherapy units       HDR Brachytherapy units       Stereotactic Radiosurgery units [Gamma Knife]  
 Other specialized radiation physics services and/or surveys [Specify]

<sup>1</sup>Applicants for the category equivalent to Radiotherapy Physicist should ensure that their responses to the items below include documentation of all information required by H.3.4. of the Rules and Regulations for the Control of Radiation.

<sup>2</sup>Applicants for category(s) equivalent to Authorized Medical Physicist should ensure that their responses to the items below include documentation of all information required by C.8.71 and/or C.8.73 of the Rules and Regulations for the Control of Radiation.

SUBMIT THE FOLLOWING ITEMS ON 8½" x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN APPENDIX B TO PART B OF THE RULES AND REGULATIONS FOR THE CONTROL OF RADIATION [R23-1.3-RAD]

<b>Professional Certifications Held:</b>	Please identify and provide current copies of all relevant professional certifications/licenses currently held by the applicant.
<b>Formal Training of Applicant:</b>	Provide documentation of all formal academic training, short courses and continuing education, which qualify the applicant to perform the services being requested.
<b>Experience of Applicant:</b>	Provide documentation of on-the-job experience which qualify the applicant to perform the services being requested.
<b>FEIN Number:</b> (Federal Employer Identification Number)  Note: If you are a sole proprietor this number may be your Social Security Number.	Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.  Please provide below FEIN/SSN for this license:  F.E.I.N./SSN Number: _____

**CERTIFICATION [Must be completed by applicant]:**

I certify that this application is prepared in conformity with the Rhode Island Rules and Regulations for the Control of Radiation [R23-1.3-RAD], and that all information contained herein is correct to the best of my knowledge and belief.

\_\_\_\_\_

(Signature) \_\_\_\_\_ Date