Form NMED RCB-A
(rev. 01/2009)

OFFICE USE ONLY

NMED Radiation Control Program
1100 St. Francis Dr.
P.O. Box 5469
Santa Fe, NM 87502-5469

Reg. No. ___ ___ ___ ___ - ___ ___ ___ ___

Date Issued _____

REGISTRATION OF RADIATION PRODUCING DEVICES: PARTICLE ACCELERATORS AND THERAPY

APPLICATION FOR REGISTRATION OF PARTICLE ACCELERATOR, ORTHOVOLTAGE OR OTHER TELETHERAPY MACHINGES MUST BE SUBMITTED PRIOR TO OPERATION ON HUMANS, EXCEPT FOR EVALUATION AND TESTING, PURSUANT TO THE NMAC RADIATION PROTECTION RULES.

1.(a) Registrant Information:

_____
Name
_____
Address
_____
City State Zip Code
_____
Phone Number Fax

1.(b) Registrant is: An individual ( )
A partnership ( ) A corporation ( )
Other ( )

2. Machine registration type: (check category)

a. Therapy _____
b. Cyclotron _____
c. Amendment _____
d. Renewal _____
If c. or d. indicate current RCB Reg. Number _____

FID (Tax I.D.)
_____

3. Other location of the machine: (* indicate if mobile)

_____
Address
_____
City State Zip Code

4. Radiation Producing Device Information

Location	A. Type of Unit (Accel., Sim., Industrial)	B. Peak kVp, MV	C. Mfr. and Model	D. Type of Radiation (electron / photon)	E. Maximum Dose Rate (isocenter)	F. Year of installation

(attach list of machines and locations if necessary)

5. The following information is attached and is part of this application (to be incorporated into the registration):

	Not Attached	Date Applicable*	Submitted
a. Overall description of radiation safety program.	_____	_____	_____
b. Description of facility	_____	_____	_____
(1) Architectural building and shielding plans	_____	_____	_____
(2) Diagram of radiation monitoring & safety systems	_____	_____	_____
c. Description of radiation detection instruments	_____	_____	_____
d. Instrument calibration procedure and frequency	_____	_____	_____
e. Personnel monitoring equipment and frequency	_____	_____	_____
f. Dose treatment planning, operating and emergency procedures	_____	_____	_____
g. Training program for occupational exposed workers	_____	_____	_____
h. Quality management Program (teletherapy only)	_____	_____	_____
i. Radiation safety committee / members	_____	_____	_____
j. Radiation Safety Officer (RSO)	_____	_____	_____
k. Training and experience of operators/users	_____	_____	_____
l. Training and experience of physicians, medical physicists (dosimetrists) or other qualified experts	_____	_____	_____
m. Shielding survey (shielding plan or rad. protection survey)	_____	_____	_____

**State reason if not applicable.*

6.(a) Does the machine contain depleted uranium? **yes _____ / no _____

Subject to 20.3 NMAC 3.304 GL exempt qty?	

6.(b) Does the machine produce radioactive materials incidental to the operation of the machine, released into air effluent?
**yes _____ / no _____

[**if yes, explain a) isotope, b) physical form, c) maximum energy, d) shielding used, e) method of monitoring and f) alarm limits.]

Subject to Specific License or 4.404.D air emissions?	

7. Is the facility subject to the requirements of a license for radioactive materials (cyclotron)? yes __ / no __

8. Has any machine been installed or upgraded to a higher isodose energy (photon/electron)? yes __ / no __

9. If answer is "yes" to question 8 please include a Radiation Protection Survey completed by a qualified expert.

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10. **Signature:** ***I certify that all information contained in this application including any supporting document is true and correct to the best of my knowledge.***

a. Chief Executive Officer / Operating Officer (CEO or COO) for registrant named in 1(a)

Name (print)	Title	Signature	Date

b. Radiation Safety Officer (RSO) responsible for implementation of the radiation safety program (item 5.a)

Name (print)	Signature	Date

c. Medical Physicist and Authorized User / Operators identified in item 5.k and 5.l (attach credentials for each)

Name (print)	Signature	Date

(attach additional signature pages, if necessary) Physicians prescribing doses and operators must be listed on the registration

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OFFICE USE ONLY: DATE APPLICATION RECEIVED Manager, Radiation Control Program Date

Rev. December 2008