

RADIOACTIVE MATERIALS LICENSE APPLICATION
 MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM

INSTRUCTIONS - Complete all items in this application for a new license or the renewal of an existing license. Use supplemental sheets where necessary. Item 13 must be completed on all applications. Mail the completed application to: Radiation Control Program, Schrafft Center, Suite 1M2A, 529 Main Street, Charlestown, MA 02129. Upon approval of this application, the applicant will receive a Commonwealth of Massachusetts Radioactive Material License.

1. THIS IS AN APPLICATION FOR <input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LIC.NO. _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NO. _____	2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)	
3. ADDRESSES WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED.		
4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION	TELEPHONE NUMBER	E-MAIL(OPTIONAL)
SUBMIT ITEMS 5 THROUGH 12 ON 8½ x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.		
5. RADIOACTIVE MATERIAL a. Element & mass number; b. Chemical and/or physical form; c. Maximum amount that will be possessed at any one time.	6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.	
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.	
9. FACILITIES AND EQUIPMENT.	10. RADIATION SAFETY PROGRAM	
11. WASTE MANAGEMENT (INCLUDE MINIMIZATION STATEMENT/PLAN)	12. CORPORATE STRUCTURE	
ITEM 13 – CERTIFICATE (This item must be completed)		
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH APPLICABLE STATE REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.		
_____ TYPE OR PRINT NAME OF CERTIFYING OFFICIAL	By: _____ SIGNATURE	
_____ TITLE OF CERTIFYING INDIVIDUAL	Date: _____	

SUPPLEMENT A
 APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
 DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER:			2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE:	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATES OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (HRS) C	SUPERVISED LABORATORY EXPERIENCE (HRS) D	
a. RADIATION PHYSICS AND INSTRUMENTATION				
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

ISOTOPE	MEDICAL PROCEDURES	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted on separate sheets.)
	UPTAKE,DILUTION AND EXCRETION		
Cobalt-57	As Labeled Cyanocobalamin.		
Iodine-123	As Sodium Iodide or Sodium Iodohippurate		

Any radioactive material in a radiopharmaceutical and for a diagnostic use involving measurements of uptake, dilution, or excretion for which the FDA has accepted a "Notice of Claimed Investigational Exemption for a New Drug"(IND) or approved a "New Drug Application"(NDA)

	IMAGING AND LOCALIZATION		
Fluorine-18	In solution		
Gallium-67	As citrate		
Krypton-81m	As a gas from a Rubidium-81 generator		
Indium-111	As DTPA or oxyquinoline		
Iodine-123	As sodium iodide, sodium iodohippurate, or iofetamine HCL.		
Thallium-201	As chloride.		
Xenon-127	As a gas.		

Any radioactive material in a diagnostic radiopharmaceutical or a generator or reagent kit for preparation and diagnostic use of a radiopharmaceutical containing radioactive material for which the FDA has accepted a "Notice of Claimed Investigational Exemption for a New Drug"(IND) or approved a "New Drug Application"(NDA).

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING:

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR:

b. NAME OF INSTITUTION:

c. MAILING ADDRESS:

d. CITY, STATE, ZIP:

5. MATERIALS LICENSE NUMBER(S):

6. PRECEPTOR'S SIGNATURE

7. PRECEPTOR'S NAME (PRINT OR TYPE)

8. DATE