

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR REGISTRATION OF SERVICES (FORM MRCP 120.020-1)

<u>Item</u>	<u>Instructions and Definitions</u>
1. Registrant	Enter the required information for the person (individual, corporation, firm etc.) applying for registration of services.
2. Application Area for Registration	Check the item or items which describe the service(s) provided. If item d is checked, specify the nature of the services provided: (2a) Shielding Design (2b) Diagnostic Radiology(ex. mammo) (2c) Therapy Medical Physics (2d) Mammography Medical Physics
3. Dates of Establishment	Enter the dates as specified on the application form.
4. Qualifying Individuals	On a separate sheet describe the training and experience which qualify you to discharge the services for which you are applying for registration. If a number of individuals are employed to provide these services, specify your training and experience requirements for employment, and/or any training provided by the registrant. Attach SIGNED Training Certificates.
Signature of Registrant	The person who owns or possesses and administratively controls the service, or his legal representative, must sign the application.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM
SCHRAFFT CENTER, SUITE 1M2A
529 MAIN STREET, CHARLESTOWN, MA 02129

APPLICATION FOR REGISTRATION OF SERVICES

PRINT OR TYPE ONLY READ INSTRUCTIONS PRIOR TO COMPLETING

1. REGISTRANT INFORMATION

COMPANY/INDIVIDUAL: _____
ADDRESS: _____
CITY OR TOWN: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ TEL NO.: _____
E-MAIL: _____

2. APPLICATION AREA FOR REGISTRATION: (Check appropriate item(s))

- a. Installation and/or servicing of x-ray equipment
b. Calibration of radiation measurement equipment (2a) Shielding Design
c. Personnel dosimetry services (2b) Diagnostic Radiology(ex. mammo)
d. Health Physics services(Circle one or more): (2a,2b,2c,2d) (2c) Therapy Medical Physics
e. Other (specify): _____ (2d) Mammography Medical Physics

3. DATE SERVICES ESTABLISHED: _____
DATE SERVICES ESTABLISHED IN MASSACHUSETTS: _____

4. QUALIFYING INDIVIDUALS

ON A SEPARATE SHEET, SPECIFY THE NAMES OF INDIVIDUALS, TRAINING,
EXPERIENCE AND AS APPLICABLE EQUIPMENT TYPE WHICH APPLIED FOR.
(ATTACH TRAINING CERTIFICATES)

I certify that I have read and understand the pertinent sections of 105 CMR 120.000: To Control the
Radiation Hazards of Radioactive Material and of Machines Which Emit Ionizing Radiation.

SIGNATURE OF REGISTRANT: _____

NAME (LAST, FIRST): _____ DATE: _____

TITLE: _____

FOR AGENCY USE ONLY

CODE: _____ FEE: ()

AGENCY REVIEWER: _____

DATE: _____

RESTRICTING CONDITIONS(S):