The Commonwealth of Massachusetts

Executive Office of Health and Human Services

KATHLEEN E. WALSH

Secretary

ROBERT GOLDSTEIN, MD, PhD

Commissioner

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Department of Public Health

Bureau of Climate and Environmental Health

Radiation Control Program

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MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

**REGISTRATION OF SERVICES Application Form**

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| --- | --- | --- | --- |
| Name: |  |  |  |
| Email :­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MAILING ADDRESS:** | Telephone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street/ PO Box:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip Code: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

**APPLICATION AREA FOR REGISTRATION: (Check appropriate item(s))**

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

**DATE SERVICES ESTABLISHED IN MASSACHUSETTS**:

**QUALIFIED INDIVIDUALS:**

**[ ] LIST OF INDIVIDUALS AND THEIR QUALIFICATION DOCUMENTATION ATTACHED**

On a separate sheet describe the training and experience which qualify the **QUALIFYING INDIVIDUAL/S** 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, **Attach SIGNED Training Certificates.**

**MINIMUM EDUCATION AND TRAINING FOR PERSONS PERFORMING X-RAY OR RADIATION MACHINE ASSEMBLY, INSTALLATION OR REPAIR**

All persons performing radiation machine assembly, installation or repair shall meet the general requirements in subparagraph 1.

1.General requirements include:

1. Formal training (may be satisfied by factory school, military technical training school, or other courses in radiation machine assembly, installation or repair techniques) providing familiarity with the type(s) of equipment to be serviced, to include radiation safety.
2. Knowledge of protective measures to reduce potentially hazardous conditions; and
3. Six months of supervised assembly and repair of the type(s) of equipment to be serviced.

**RADIATION SAFETY RESPONSIBLE INDIVIDUAL:**

**[ ] RADIATION SAFETY RESPONSIBLE INDIVIDUAL QUALIFICATION DOCUMENTATION ATTACHED**

On a separate sheet document, the training and experience which qualify the **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** to discharge the services for which you are applying for registration. Include documentation to support designation as RADIATION SAFETY RESPONSIBLE INDIVIDUAL (ex: Diploma, Certification, and Training Documentation).

The **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** is responsible for oversight of the actions of personnel performing duties involving radiation /radioactive materials for the registrant. Oversight of these individuals is commensurate with the risk of the task.

**[ ] 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.**

**RADIATION SAFETY RESPONSIBLE INDIVIDUAL** **SIGNATURE: \_\_\_\_\_\_\_**

**NAME (LAST, FIRST): (PRINT) DATE:**

**[ ] I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.**

**REGISTRANT SIGNATURE: \_\_\_\_\_\_\_**

**NAME (LAST, FIRST): (PRINT) DATE:**

**TITLE:**

**you must ENSURE YOU submit the following:**

**[ ] Submit completed application. Send application and credentials to** **radiationcontrol@mass.gov**

**[ ] Submit List of QUALIFIED INDIVIDUALS and qualification documentation for each**

**[ ] Submit RADIATION SAFETY RESPONSIBLE INDIVIDUAL qualification documentation**

**[ ] Submit check or money order payable to the Commonwealth of Massachusetts for $ 150.00 to address on top of page.**

**If at any time you have changes to the information submitted on the form, please update and send the appropriate documentation to** RadiationControl@mass.gov

FOR AGENCY USE ONLY

**RESTRICTING CONDITION(S)**

**[ ] N/A IF NONE**

**DESCRIBE:**

AGENCY REVIEWER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_