

Application for Radioactive Material License – Medical

Division of Radiological Health

Submit to: Mississippi State Department of Health Division of Radiological Health Post Office Box 1700 Jackson, Mississippi 39215-1700 (601) 987-6893	Application for: <input type="checkbox"/> New License <input type="checkbox"/> Amendment in its entirety of License No.
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Complete all items as applicable. Use supplemental sheets where necessary. All applications must be signed and dated. Submit original copy to Mississippi State Dept. of Health, Div. of Radiological Health.

1. Licensee Name and Mailing Address: <i>Institution, firm, clinic, physician, etc.</i> Telephone No.()	2. Street Address(es) at which Radioactive Material will be used, if different from Item 1.
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3. Person to Contact Regarding this Application Telephone No.()	4. Radiation Safety Officer (RSO): Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.
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5. Individual Users: Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.

6a. Radioactive Material For Medical Use

Radioactive Material Listed In -	Items Desired "✓"	Maximum Possession Limits (In millicuries)	Additional Items -	Items Desired "✓"	Maximum Possession Limits
1.3.6(9) – For In Vitro Studies	<input type="checkbox"/>		Iodine-131 As Iodide For Treatment Of Hyperthyroidism	<input type="checkbox"/>	
1.7.37 – For Uptake, Dilution, or Excretion	<input type="checkbox"/>				
1.7.40 – For Imaging And Localization	<input type="checkbox"/>		Iodine- 131 As Iodide For Treatment Of Thyroid Carcinoma	<input type="checkbox"/>	
1.7.44 – For Radiopharmaceutical Therapy	<input type="checkbox"/>				
1.7.62 – For Sealed Sources For Diagnosis	<input type="checkbox"/>		Xenon-133 As Gas Or Gas In Saline For Blood Flow Studies And Pulmonary Function Studies	<input type="checkbox"/>	
1.7.52 – For Sealed Sources For Brachytherapy	<input type="checkbox"/>				
1.7.64 – For Sealed Sources For HDR	<input type="checkbox"/>				

6b. Radioactive Material For Uses Not Listed In Item 6.a. (Include sealed sources for 1.7.49, 1.7.59, and 1.7.61)

Radioisotope(s)	Chemical and/or Physical Form	Maximum Number Of Millicuries Of Each Form	Describe Purpose Of Use

6c. Alpha and/or Beta Emitting Radiopharmaceuticals

Radioisotope(s)	Chemical and/or Physical Form	Maximum Number of Millicuries of Each Form	Describe Purpose Of Use

Information Required For Items 7 Through 23

For items 7 through 23, check the appropriate box(es) and submit either a detailed description of all the required information, or commit to the applicable section of the Medical Licensing Guide.

<p>7. Radiation Safety Committee Names And Specialties Attached AND (Check one) <input type="checkbox"/> Duties as in Appendix A OR <input type="checkbox"/> Equivalent duties attached</p>	<p>16. Emergency Procedures (Check one) <input type="checkbox"/> Appendix H Procedures followed OR <input type="checkbox"/> Equivalent Procedures attached</p>
<p>8. Training and Experience (Check one) <input type="checkbox"/> Supplements A & B attached for each individual user AND/OR <input type="checkbox"/> Board Certification attached for each individual user (Check one) <input type="checkbox"/> Supplement A attached for RSO AND/OR <input type="checkbox"/> Board Certification attached for RSO</p>	<p>17. Area Survey Procedures (Check one) <input type="checkbox"/> Appendix I Procedures followed OR <input type="checkbox"/> Equivalent Procedures attached</p>
<p>9. Instrumentation (Check one) <input type="checkbox"/> Appendix B Form attached OR <input type="checkbox"/> List by Name and Model Number</p>	<p>18. Waste Disposal (Check one) <input type="checkbox"/> Appendix J Form attached OR <input type="checkbox"/> Equivalent Procedures attached</p>
<p>10. Calibration of Instruments (Check one) <input type="checkbox"/> Appendix C Procedures Followed for Survey Instruments OR <input type="checkbox"/> Equivalent Procedures attached; AND (Check one) <input type="checkbox"/> Appendix C Procedures Followed for Dose Calibrator OR <input type="checkbox"/> Equivalent Procedures attached</p>	<p>19. Therapeutic Use of Radiopharmaceuticals (Check one) <input type="checkbox"/> Appendix K Form attached OR <input type="checkbox"/> Equivalent Procedures attached</p>
<p>11. Facilities and Equipment <input type="checkbox"/> Description and diagram attached</p>	<p>20. Therapeutic Use of Sealed Sources <input type="checkbox"/> Appendix L Procedures followed AND (Check one) <input type="checkbox"/> Detailed Information attached OR <input type="checkbox"/> Equivalent Procedures attached</p>
<p>12. Personnel Training Program <input type="checkbox"/> Description of training attached which includes Appendix D Rules</p>	<p>21. Procedures and Precautions for Use of Radioactive Gases (e.g., Xenon - 133) <input type="checkbox"/> Detailed information attached which includes Appendix M Procedures</p>
<p>13. Procedures for Ordering and Receiving Radioactive Material (Check one) <input type="checkbox"/> Appendix E Procedures followed OR <input type="checkbox"/> Equivalent Procedures attached</p>	<p>22. Procedures and Precautions for Use of Radioactive Material in Animals <input type="checkbox"/> Detailed information attached</p>
<p>14. Procedures for Safely Opening Packages Containing Radioactive Materials (Check one) <input type="checkbox"/> Appendix F Procedures followed OR <input type="checkbox"/> Equivalent Procedures attached</p>	<p>23. Procedures and Precautions for Use of Radioactive Material Specified in Item 6b. <input type="checkbox"/> Detailed Information attached <input type="checkbox"/> Sealed Source Inventory attached</p>
<p>15. General Rules for the Safe Use of Radioactive Material (Check one) <input type="checkbox"/> Appendix G Rules followed OR <input type="checkbox"/> Equivalent Rules attached</p>	<p>NOTE - Procedures for Administrations Requiring Written Directives (Appendix 0 of the Medical Licensing Guide) must be submitted, if applicable, in accordance with Section 1, Item 1.5 of the Medical Licensing Guide.</p>

24. Personnel Monitoring Devices

Type <i>(Check appropriate box)</i>		Supplier	Exchange Frequency
Whole Body	<input type="checkbox"/> Film		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> Other <i>(Specify)</i>		
Finger	<input type="checkbox"/> Film		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> Other <i>(Specify)</i>		
Other <i>(Specify)</i>			

ALARA Program *(Submit Appendix N or attach equivalent procedures)*

25. For Private Practice Applicants Only

Hospital Agreeing To Accept Patients Containing Radioactive Material

Name Of Hospital			Attach a copy of the agreement letter signed by the Hospital Administrator.
Mailing Address/Street Address			
City	State	Zip Code	When requesting Therapy Procedures, attach a copy of radiation safety precautions to be taken and list available radiation detection instruments.

26. Certificate

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 Mississippi State Department of Health *Regulations for Control of Radiation in Mississippi*, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Applicant Or Certifying Official <i>(Signature)</i>	Date
Name <i>(Type or print)</i>	Title

Supplement A

Training And Experience of Authorized User or Radiation Safety Officer

1. Name of Authorized User or Radiation Safety Officer		State or Territory in Which Licensed to Practice Medicine <i>(Attach copy of Mississippi licensure)</i>
3. Certification		
Specialty Board	Category	Month and Year Certified <i>(Attach copy of board certification)</i>

4. Training Received in Basic Radioisotope Handling Techniques *(Minimum 200 hours)*

Field of Training	Location and Date(s) of Training	Type and Length of Training	
		Lecture/Laboratory Courses <i>(Hours)</i>	Supervised Laboratory Experience <i>(Hours)</i>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Radiopharmaceutical Chemistry			

5. Experience with Radiation *(Actual use of Radioisotopes or equivalent experience)*

Isotope	Maximum Amount	Where Experience Was Gained	Duration of Experience	Type of Use

Supplement B Preceptor Statement

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. Applicant Physician's Name And Address			Key to Column C <i>Personal Participation Should Consist Of -</i>
Full Name			1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
Street Address			
City	State	Zip Code	2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
			3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. Clinical Training and Experience of Above Named Physician

Isotope	Conditions Diagnosed or Treated	Number of Cases Involving Personal Participation	Comments <i>Additional information or comments may be submitted in duplicate on separate sheets.</i>
I-131	Diagnosis of Thyroid Function		
	Determination of Blood and Blood Plasma Volume		
	Liver Function Studies		
	Brain Tumor Localization and Placenta Localization		
	Kidney Function Studies		
	Lung Imaging		
	Other		
I-125	Detection of Thrombosis		
I-131	Thyroid Imaging		
P-32	Eye Tumor Localization		
Se-75	Pancreas Imaging		
Xe-133	Blood Flow Studies and Pulmonary Function Studies		
	Other		
Tc-99m	Brain Imaging and Kidney Imaging		
	Cardiac Imaging		
	Thyroid Imaging		
	Salivary Gland Imaging		
	Blood Pool Imaging		
	Placenta Localization		
	Liver and Spleen Imaging		
	Lung Imaging		
	Bone Imaging		
Other			

Supplement B

Preceptor Statement *(continued)*

2. Clinical Training and Experience Of Above Named Physician *(continued)*

Isotope	Conditions Diagnosed or Treated	Number Of Cases Involving Personal Participation	Comments <i>Additional information or comments may be submitted in duplicate on separate sheets.</i>
P-32 <i>(Soluble)</i>	Treatment of Polycythemia Vera, Leukemia, and Bone Metastasis		
P-32 <i>(Colloidal)</i>	Intracavitary Treatment		
I-131	Treatment of Thyroid Carcinoma		
	Treatment of Hyperthyroidism		
Sr-89	Palliation of Pain for Bone Metastasis		
Pd-103 or Au-198	Interstitial Treatment		
Co-60 or Cs-137	Interstitial Treatment		
	Intracavitary Treatment		
I-125 or Ir-192	Interstitial Treatment		
Co-60 or Cs-137	Teletherapy Treatment		
Sr-90	Treatment of Eye Disease		
	Radiopharmaceutical Preparation		
Mo-99/ Tc-99m	Generator		
Sn-113/ In-113m	Generator		
Tc-99m	Reagent Kits		
Other			

3. Dates, Medical Institution, and Total Number of Hours Received in Supervised Clinical Radioisotope Training *(Minimum 500 hours)*

4. Dates, Medical Institution, and Total Number of Hours Received in Supervised Radioisotope Work Experience *(Minimum 500 hours)*

5. The Training and Experience Indicated above was Obtained Under The Supervision of -	6. Materials License Number(s)
Name of Supervisor	7. Preceptor's Signature
Name of Institution	
Mailing Address	8. Preceptor's Name <i>(Please type or print)</i>
City	9. Date