



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
1000 SOUTHWEST JACKSON SUITE 310
TOPEKA KANSAS 66612-1366**

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE - MEDICAL

INSTRUCTIONS - Complete Items 1 through 23. Use supplemental sheets where necessary. Item 23 must be completed on all applications. Maintain one copy for your records and mail one copy **along with applicable fee if applying for a new license** to: Kansas Department of Health and Environment, Bureau of Air and Radiation, Radiation Control Program, 1000 SW Jackson, Suite 310, Topeka, Kansas 66612-1366. Telephone: (785) 296-1560. Upon approval of this application, the applicant will receive a Kansas Radioactive Materials License, issued in accordance with the general requirements contained in State of Kansas, Department of Health and Environment, Radiation Protection Regulations and the Kansas Nuclear Energy Development and Radiation Control Act.

1. a. Name And Complete Mailing Address of Applicant	1.b. Street Address(es) where Radioactive Material Will Be Used
Phone No. :	
2. Person to Contact Regarding this Application:	
E-mail:	Phone No. :
3. Type of Application <input type="checkbox"/> New License <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal License No.:	
4. Individuals Who Will Use or Directly Supervise the Use of Radioactive Material (Attach Training and Experience and Preceptor)	
5. RADIATION SAFETY OFFICER (Attach Training and Experience and Preceptor if not previously provided).	
Name:	
<input type="checkbox"/> Duties and responsibilities are as described in the Medical Program Licensing Guide Appendix C	
<input type="checkbox"/> Duties and responsibilities in addition to those described in the Medical Program Licensing Guide Appendix C are attached.	

6. a. RADIOACTIVE MATERIAL FOR MEDICAL USE				
Radionuclide	Chemical and/or physical form			MAXIMUM POSSESSION LIMIT (millicuries)
<input type="checkbox"/> Any radioactive material permitted by 10 CFR 35.100 as adopted by reference in K.A.R. 28-35-264	Any radiopharmaceutical permitted by 10 CFR 35.100 as adopted by reference in K.A.R. 28-35-264 for diagnostic studies involving measurements of uptake, dilution and excretion.			As Needed
<input type="checkbox"/> Any radioactive material permitted by 10 CFR 35.200 as adopted by reference in K.A.R. 28-35-264	Any radiopharmaceutical permitted by 10 CFR 35.200 as adopted by reference in K.A.R. 28-35-264 for diagnostic studies involving imaging and tumor localizations.			As Needed
<input type="checkbox"/> Any radioactive material permitted by 10 CFR 35.300 as adopted by reference in K.A.R. 28-35-264	Any radiopharmaceutical permitted by 10 CFR 35.300 for any diagnostic study or therapy procedure requiring a written directive which the patient can be released pursuant to 10 CFR 35.75 as adopted by reference in K.A.R. 28-35-264			
<input type="checkbox"/> Any radioactive material permitted by 10 CFR 35.300 as adopted by reference in K.A.R. 28-35-264	Any radiopharmaceutical permitted by 10 CFR 35.300 as adopted by reference in K.A.R. 28-35-264 for therapeutic use requiring a written directive			
<input type="checkbox"/> Any radioactive material permitted by 10 CFR 35.400 as adopted by reference in K.A.R. 28-35-264	Any brachytherapy source permitted by 10 CFR 35.400 as adopted by reference in K.A.R. 28-35-264 for therapeutic use requiring a written directive			
6. b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. This could include calibration and reference sources or isotopes not included in section 6.a				
Radionuclide	Chemical and/or physical form (If sealed source, state the manufacturer & model number).	Maximum Activity per Source (mCi)	Maximum Possession Limit (mCi)	Describe Use
7. RADIATION SAFETY COMMITTEE				
<input type="checkbox"/> The Radiation Safety Committee is as described in the Medical Program Licensing Guide Appendix B				
<input type="checkbox"/> Description of the Radiation Safety Committee is attached.				
<input type="checkbox"/> This application is for a private practice and a Radiation Safety Committee is not required.				
8. INSTRUMENTATION: Attach a completed Appendix D from the Medical Program Licensing Guide or equivalent information.				
9. a. CALIBRATION OF INSTRUMENTS				
<input type="checkbox"/> Radiation survey instruments will be calibrated by a service company/consultant authorized to perform such services. A copy of the license authorizing such services will be maintained. Name and license number:				
<input type="checkbox"/> Radiation survey/monitoring instruments will be calibrated using the model calibration procedures in the Medical Program Licensing Guide Appendix E.				
<input type="checkbox"/> Radiation survey/monitoring instruments will be calibrated using the attached procedures.				
9.b. CALIBRATION OF DOSE CALIBRATORS				
<input type="checkbox"/> Dose calibrators will be calibrated by a service company/consultant authorized to perform such services. A copy of the license authorizing such services will be maintained. Name and license number:				
<input type="checkbox"/> Dose calibrators will be calibrated using the model calibration procedure in the Medical Program Licensing Guide Appendix E.				
<input type="checkbox"/> Procedure for calibration of dose calibrators is attached.				

10. FACILITIES AND EQUIPMENT Attach a sketch and a complete description of the facility and equipment.
11. PERSONNEL TRAINING PROGRAM <input type="checkbox"/> The personnel training program will be conducted as described in the Medical Program Licensing Guide Appendix R. <input type="checkbox"/> A description of the personnel training program is attached.
12. ORDERING AND RECEIPT OF RADIOACTIVE MATERIAL <input type="checkbox"/> Ordering and receipt of radioactive material will be as described in the Medical Program Licensing Guide Appendix F. <input type="checkbox"/> Procedure for ordering and receipt of radioactive material is attached.
13. SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIAL <input type="checkbox"/> Opening packages containing radioactive material will be as described in the Medical Program Licensing Guide Appendix G. <input type="checkbox"/> Procedure for opening packages containing radioactive material is attached.
14. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL <input type="checkbox"/> General rules for the safe use of radioactive material will be as described in the Medical Program Licensing Guide Appendix H. <input type="checkbox"/> General rules for the safe use of radioactive material is attached.
15. EMERGENCY PROCEDURES <input type="checkbox"/> Emergency procedures will be as described in the Medical Program Licensing Guide Appendix I. <input type="checkbox"/> Emergency procedures are attached.
16.a. BIOASSAY PROGRAM <input type="checkbox"/> Bioassay sampling procedure is attached <input type="checkbox"/> There is no bioassay sampling requirement for this license.
16.b. SEALED SOURCE LEAK TESTING <input type="checkbox"/> Sealed source leak testing by a service company/consultant authorized to perform such services. A copy of the license authorizing such services will be maintained. Name and license number: <input type="checkbox"/> Sealed source leak testing will be as described in the Medical Program Licensing Guide Appendix P. <input type="checkbox"/> Procedure for sealed source leak testing is attached.
16.c. ALARA PROGRAM <input type="checkbox"/> ALARA program will be as described in the Medical Program Licensing Guide Appendix S. <input type="checkbox"/> ALARA program description is attached.
16.d. MOLYBDENUM-99 BREAKTHROUGH <input type="checkbox"/> Molybdenum-99 breakthrough will be as described in the Medical Program Licensing Guide Appendix Q. <input type="checkbox"/> Molybdenum-99 breakthrough description is attached. <input type="checkbox"/> Only unit doses are used therefore the determination of Molybdenum-99 breakthrough is not required for this license.
16.e. USE OF POSITRON EMISSION TOMOGRAPHY (P.E.T.) RADIOPHARMACEUTICALS <input type="checkbox"/> Complete description for the use of Positron Emission Tomography (P.E.T) radiopharmaceuticals on this license are attached. <input type="checkbox"/> Positron Emission Tomography (P.E.T) radiopharmaceuticals will not be used on this license.

16.f. MOBILE NUCLEAR MEDICINE SERVICE

- Mobile Nuclear Medicine Service will be as described in the Medical Program Licensing Guide Appendix T
- Mobile Nuclear Medicine Service description is attached.
- Mobile Nuclear Medicine Service is not requested and will not be performed on this license..

17. AREA SURVEY PROCEDURES

- Area radiation and contamination surveys will be as described in the Medical Program Licensing Guide Appendix J.
- Procedure for area radiation and contamination surveys is attached.

18. WASTE DISPOSAL: Attach a completed Appendix K from the Medical Program Licensing Guide or equivalent information.

19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS

- Therapeutic use of radiopharmaceuticals greater than 30 millicuries will be as described in the Medical Program Licensing Guide Appendix L.
- Procedure for therapeutic use of radiopharmaceuticals greater than 30 millicuries is attached.
- Therapeutic use of radiopharmaceuticals is not requested and will not be performed on this license.

20. THERAPEUTIC USE OF SEALED SOURCES

- Therapeutic use of sealed sources for the treatment of patients will be as described in the Medical Program Licensing Guide Appendix M.
- Procedure for therapeutic use of sealed sources for the treatment of patients is attached.
- Therapeutic use of sealed sources for the treatment of patients is not requested and will not be performed on this license.

21. USE OF RADIOACTIVE GASES AND AEROSOLS

- Procedure for use of radioactive gases and aerosols is attached and includes all the information required by the Medical Program Licensing Guide Appendix N.
- Use of radioactive gases and aerosols is not requested and will not be performed on this license.

22. PERSONNEL MONITORING DEVICES

	TYPE	SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	FILM		
	TLD		
	OTHER (SPECIFY)		
b. FINGER	FILM		
	TLD		
	OTHER (SPECIFY)		
c. OTHER (SPECIFY)	FILM		
	TLD		
	OTHER (SPECIFY)		

CERTIFICATE

(This item must be completed by applicant)

23. The applicant and any official executing this certificate on behalf of the applicant in Item 1, certify that this application is prepared in conformity with State of Kansas, Department of Health and Environment, Radiation Protection Regulations and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

- a. APPLICANT OR CERTIFYING OFFICIAL (Signature)

NAME (Type or Print)

TITLE

- b. DATE:

BUSINESS ID OR FEDERAL TAX ID # _____

Memo To: Radiation Safety Officer
From: Chief Executive Officer
Subject: Delegation of Authority

You, _____, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of licensed material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the regulatory authorities at any time. It is estimated that you will spend 2 hours per week conducting radiation protection activities.

I accept the above responsibilities,

Signature of Management Representative

Date

Signature of Radiation Safety Officer

Date

cc: Affected department heads

APPENDIX D

INSTRUMENTATION

1. Radiation Survey Meters

Manufacturer's name: _____

Manufacturer's model number: _____

Number of instruments available: _____

Range: _____ mr/hr to _____ mr/hr

Window thickness: _____

Detector type/model number: _____

2. Contamination Survey Meter

Manufacturer's name: _____

Manufacturer's model number: _____

Number of instruments available: _____

Range: _____ cpm to _____ cpm

Window thickness: _____

Detector type/model number: _____

3. Instrument used to analyze wipes/leak checks

Manufacturer's name: _____

Manufacturer's model number: _____

Number of instruments available: _____

Minimum detectable activity*: _____

4. Dose calibrator

Manufacturer's name: _____

Manufacturer's model number: _____

Number of instruments available: _____

APPENDIX K

RADIOACTIVE WASTE DISPOSAL PROCEDURES

1. Liquid waste disposal: (Check as appropriate)

___ By commercial waste disposal service, NRC/Agreement State License Number: _____

Name and address _____

___ In the sanitary sewer system in accordance with K.A.R. 28-35-224a.

___ Radioactive material with less than 120 day half-life will be held for decay until radiation levels as measured from the unshielded material, with an appropriate survey meter set on the most sensitive scale, are not distinguishable from background. All radiation labels will be removed or obliterated and the waste will be disposed in normal trash.

___ Other (specify):

2. Mo-99/Tc-99m generators disposal: (Check as appropriate)

___ Returned to the manufacturer for disposal.

___ Radioactive material with less than 120 day half-life will be held for decay until radiation levels as measured from the unshielded material, with an appropriate survey meter set on the most sensitive scale, are not distinguishable from background. All radiation labels will be removed or obliterated and the waste will be disposed in normal trash. (Note: This method of disposal may not be practical for generators containing long-lived radioactive contaminants.)

___ By commercial waste disposal service, NRC/Agreement State License Number: _____

Name and address _____

___ Mo-99/Tc-99m generators will not be used on this license.

___ Other (specify):

3. Other solid waste disposal: (Check as appropriate)

___ Radioactive material with less than 120 day half-life will be held for decay until radiation levels as measured from the unshielded material, with an appropriate survey meter set on the most sensitive scale, are not distinguishable from background. All radiation labels will be removed or obliterated and the waste will be disposed in normal trash.

___ By commercial waste disposal service NRC/Agreement State License Number: _____

Name and address _____

___ Other (specify): Return to manufacturer, transfer to an authorized licensee