



**ARKANSAS DEPARTMENT OF HEALTH  
RADIATION CONTROL SECTION  
MEDICAL PARTICLE ACCELERATOR PROGRAM**

**APPLICATION FOR MEDICAL PARTICLE ACCELERATOR**

INSTRUCTIONS - Complete Items 1 through 21 as applicable. Item 20 must be completed on all applications. Maintain one copy and mail the other copy to: Arkansas Department of Health, Medical Particle Accelerator Program, 4815 West Markham, Slot 30, Little Rock, AR 72205-3867. Upon approval of this application, a Medical Particle Accelerator license will be issued. The License is subject to the Rules for Control of Sources of Ionizing Radiation, 20 CAR Pt. 3

**1. FACILITY NAME:**

**2. TELEPHONE NUMBER:**

**E-MAIL:**

**3. FACILITY BILLING ADDRESS:**

**4. FACILITY PHYSICAL ADDRESS:**

**5. PERSON TO CONTACT REGARDING THIS APPLICATION:**

**6. TYPE OF APPLICATION:**

Name:

New License

Phone Number:

Renewal-License No.

E-mail:

**7. PARTICLE ACCELERATOR(S):**

(List each unit below)

**A. Manufacturer and Model Number**

**B. Maximum Energy of each Modality (x-ray, electron)**

**C. Describe Purpose of Use**

**8. RADIATION SAFETY OFFICER (RSO):**

**9. INDIVIDUAL USERS WHO WILL SUPERVISE THE USE OF THE PARTICLE ACCELERATOR(S)**

(Attach a list of Authorized Users and Qualified Medical Physicists, providing the name and title of each individual)

**10. TRAINING AND EXPERIENCE OF USERS (Refer to Item 10 of Licensing Guide)**

**11. PERSONNEL TRAINING PROGRAM**

Applicant commits to Appendix C of the Licensing Guide

Equivalent procedures attached

**12. RADIATION SAFETY COMMITTEE**

Applicant commits to Appendix D of the Licensing Guide  
Equivalent procedures attached

**13. FACILITIES AND EQUIPMENT** (Refer to Item 13 of the Licensing Guide)

**14. PARTICLE ACCELERATOR QUALITY ASSURANCE PROGRAM** (Refer to Item 14 of the Licensing Guide)

**15. QUALITY MANAGEMENT PROGRAM** (Refer to Item 15 of the Licensing Guide)

**16. RADIATION DETECTION INSTRUMENTS** (Refer to Item 16 the Licensing Guide for additional information.)

- |  |                            |  |
|--|----------------------------|--|
| <b>a. Type of Instruments</b><br>(Include manufacturer and model number) | <b>b. Number Available</b> | <b>c. Sensitivity Range</b><br>(mR/hr) |
|--|----------------------------|--|

**17. PERSONNEL MONITORING PROGRAM** (Refer to Item 17 of the Licensing Guide.)

**18. RADIATION SURVEY PROGRAM** (Refer to Item 18 of the Licensing Guide)

**19. OPERATING AND EMERGENCY PROCEDURES** (Refer to Item 19 of the Licensing Guide)

**20. MANAGEMENT CONTROL** (Refer to Item 20 of the Licensing Guide)

**21. CERTIFICATION** The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify that this application has been prepared in accordance with the Rules for Control of Sources of Ionizing Radiation, 20 CAR Pt. 3, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Signature of Certifying Official

Date

Typed Name and Title of Certifying Official

Date Received by Medical Particle Accelerator Program

**After completing the Application for Medical Particle Accelerator License refer to:**

- **Medical Accelerator Licensing Guide Part One**
- **Medical Accelerator Licensing Guide Part Two (filling in page numbers)**
- **Appendices A- I**

**Gather ALL documents putting them in the order listed on the Licensing Guides, then number each page at the bottom beginning with the number 1.**

**For license renewals submit all documents to the Department thirty (30) days prior to the license expiration date.**