



APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

NUCLEAR PHARMACY ([Fee Category 02](#)), OR

ACCELERATOR-PRODUCTION OF MEDICAL NUCLIDES ([Fee Category 05](#)), OR

COMBINATION NUCLEAR PHARMACY WITH ACCELERATOR ([Fee Category 05](#))

INSTRUCTIONS – Complete all items in this application to apply for a new license or the renewal of an existing license. Use supplemental sheets where necessary. *Renewal applications must be complete with no reliance on prior submissions. For a renewal, please clearly identify any changes from the license currently in effect. Item 33 must be complete on all applications.* Mail to: Washington State Department of Health, Office of Radiation Protection, PO Box 47827, Olympia, Washington 98504-7827. Upon approval of this application, the applicant will receive a State of Washington Radioactive Materials License issued in accordance with the general requirements contained in Washington State Department of Health Radiation Protection Regulations and the Washington Energy and Radiation Control Act, Chapter 70.98 RCW.

1a. NAME AND MAILING ADDRESS OF APPLICANT (Institution, Firm, etc.) INCLUDE ZIP CODE	1b. STREET ADDRESS (List all) AT WHICH RADIOACTIVE MATERIAL WILL BE USED if different than 1a. INCLUDE ZIP CODE
2. PERSON TO CONTACT REGARDING THIS APPLICATION FACILITY PHONE NUMBER: CONTACT EMAIL ADDRESS:	CONTACT TELEPHONE NO. () - Fax No. () -
3. THIS IS AN APPLICATION FOR: (check Appropriate item)	
A. <input type="checkbox"/> NEW LICENSE	B. <input type="checkbox"/> RENEWAL OF LICENSE WN-NP
4. AUTHORIZED NUCLEAR PHARMACIST INDIVIDUAL USERS	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as In-State/On-Site RSO). <input type="checkbox"/> RSO Delegation of Authority Form

6. RADIOACTIVE MATERIAL TO BE USED (Please list on a separate sheet)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OR BECQUERELS OF EACH FORM	DESCRIBE PURPOSE OF USE

Guidance in completing this application will be found in U. S. Nuclear Regulatory Commission NUREG-1556, Volume 13, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Commercial Radiopharmacy Licenses". [NuReg for Nuclear Pharmacy](#) and/or in U. S. Nuclear Regulatory Commission NUREG-1556, Volume 21, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Possession Licenses for Production of Radioactive Material Using an Accelerator". [NuReg for Medical Accelerator Use](#) Applicants seeking a combination license must address all relevant portions of both NuRegs.

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 32

For Items 7 through 32, check all appropriate boxes and submit a detailed description of all the requested information. Submit signed and dated attachments or procedures. Begin each item on a separate sheet.

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| <p>7. RADIATION SAFETY OFFICER</p> <p><input type="checkbox"/> Duties Attached</p> <p><input type="checkbox"/> Delegation of Authority Form Attached</p> | <p>15. PROCEDURES FOR OPENING PACKAGES CONTAINING RADIOACTIVE MATERIAL</p> <p><input type="checkbox"/> Procedures Attached</p> <p><input type="checkbox"/> Returned Client Waste Survey Procedures</p> | <p>25. PERSONNEL MONITORING AND BIOASSAY PROGRAM</p> <p><input type="checkbox"/> In-House Bioassay Procedures Attached</p> <p><input type="checkbox"/> Outside Bioassay Vendor Identified</p> <p><input type="checkbox"/> NVLAP Dosimetry Vendor</p> <p><input type="checkbox"/> Exchange Frequency</p> |
| <p>8. AUTHORIZED NUCLEAR PHARMACIST</p> <p><input type="checkbox"/> Duties Attached</p> | <p>16. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL</p> <p><input type="checkbox"/> Procedures Attached</p> | <p>26. LEAK TESTS</p> <p><input type="checkbox"/> In-House Procedures Attached</p> <p><input type="checkbox"/> Outside Vendor (Named)</p> <p><input type="checkbox"/> Will Analyze Leak Tests As Customer Service, Procedures/Forms Attached</p> |
| <p>9. TRAINING AND EXPERIENCE</p> <p><input type="checkbox"/> For RSO</p> <p><input type="checkbox"/> For each Authorized Nuclear Pharmacist</p> <p><input type="checkbox"/> For each accelerator operator, if any</p> | <p>17. EMERGENCY PROCEDURES</p> <p><input type="checkbox"/> Procedures Attached</p> | <p>27. "ALARA" PROGRAM (Radiation Doses As Low As Reasonably Achievable)</p> <p><input type="checkbox"/> Procedures Attached</p> <p><input type="checkbox"/> Complete Internal Audit Program Attached</p> |
| <p>10. INSTRUMENTATION</p> <p><input type="checkbox"/> List attached (list by name, model Number, & number available and intended use)</p> | <p>18. AREA SURVEY PROCEDURES</p> <p><input type="checkbox"/> Procedures Attached</p> | <p>28. FINANCIAL ASSURANCE & DECOMMISSIONING FUNDING PLAN</p> <p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> N/A (explain why)</p> |
| <p>11. CALIBRATION OF INSTRUMENTS</p> <p><input type="checkbox"/> Procedure Attached for survey instruments</p> <p><input type="checkbox"/> Procedure Attached for Dose Calibrators</p> <p><input type="checkbox"/> Calibrated by Outside Vendor (Named)</p> <p><input type="checkbox"/> Will Calibrate Instruments As Customer Service, Procedures/Forms Attached.</p> | <p>19. WASTE DISPOSAL/STORAGE</p> <p><input type="checkbox"/> In-House Procedures Attached</p> <p><input type="checkbox"/> Customer Waste Return Procedures</p> | <p>29. AIR EMISSIONS</p> <p><input type="checkbox"/> WAC 246-247-110 Information and Diagrams Attached</p> <p><input type="checkbox"/> COMPLY run attached</p> |
| <p>12. FACILITIES AND EQUIPMENT</p> <p><input type="checkbox"/> Description Attached</p> <p><input type="checkbox"/> Diagram Attached</p> <p><input type="checkbox"/> Security Procedures & Equipment</p> | <p>20. CONTAMINATION CONTROL</p> <p><input type="checkbox"/> Procedures Attached</p> | <p>30. CYCLOTRON/ACCELERATOR REGISTRATION</p> <p><input type="checkbox"/> Submitted Shielding Calculations</p> <p><input type="checkbox"/> Submitted Registration Information</p> <p><input type="checkbox"/> N/A</p> |
| <p>13. PERSONNEL TRAINING PROGRAM</p> <p><input type="checkbox"/> Procedures Attached for Initial & Annual Refresher Training for ANP, AUR, Pharmacy Techs, and Drivers (as appropriate).</p> | <p>21. RADIOACTIVE DRUG CONTAINER LABELING</p> <p><input type="checkbox"/> Detailed Information Attached</p> <p><input type="checkbox"/> Sample Labels Attached for Syringes, Unit Dose Vials, Multi-Dose Vials and Other Containers</p> | <p>31. CITY/COUNTY NOTIFICATION</p> <p><input type="checkbox"/> Completed Form Attached</p> |
| <p>14. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL</p> <p><input type="checkbox"/> Procedures Attached</p> <p><input type="checkbox"/> Sample Receipt Forms Attached</p> | <p>22. RADIOACTIVE DRUG TRANSPORT CONTAINER SHIELDING</p> <p><input type="checkbox"/> Supporting Information, Calculations, And DOT-Certifications Attached</p> | <p>32. LICENSE FEE REQUIRED (WAC 246-254-070)</p> <p>http://www.doh.wa.gov/ehp/rp/materials/rmfees.htm</p> <p>a. <u>License Fee Category #02 for Nuclear Pharmacy only</u>, or</p> <p>b. <u>#05 for cyclotron/accelerator production, with or without Nuclear Pharmacy license</u></p> <p>c. License Fee Enclosed: \$</p> <p>d. If new, add a one-time new Application Fee (See Fee Schedule) \$</p> <p>e. Total Fee Enclosed \$</p> |
| <p>14. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL</p> <p><input type="checkbox"/> Procedures Attached</p> <p><input type="checkbox"/> Sample Receipt Forms Attached</p> | <p>23. TRANSPORTATION</p> <p><input type="checkbox"/> Detailed Information Attached</p> <p><input type="checkbox"/> In-House Driver Training Program</p> <p><input type="checkbox"/> Will Use Commercial Service</p> | |
| <p>14. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL</p> <p><input type="checkbox"/> Procedures Attached</p> <p><input type="checkbox"/> Sample Receipt Forms Attached</p> | <p>24. OCCUPATIONAL AND PUBLIC DOSE MINIMIZATION PROCEDURES</p> <p><input type="checkbox"/> Detailed Information Attached</p> | |

33. The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify this application is prepared in conformity with Washington State Department of Health Radiation Control regulations and that all information contained herein, including information on supplemental attachments, is true and correct to the best of our knowledge and belief.

By:

(Signature)

(Type or Print Name of Certifying Official)

(Title of Certifying Official)

Date:
