Republic of the Philippines
Department of Science and Technology
PHILIPPINE NUCLEAR RESEARCH INSTITUTE
Commonwealth Avenue, Diliman, Quezon City

PNRI/NRD FORM – 013: APPLICATION FOR RADIOACTIVE MATERIAL LICENSE FOR MEDICAL USE OF UNSEALED RADIOACTIVE MATERIAL

INSTRUCTIONS: To complete this application, refer to Part 13 (Rev. 02) of the Code of PNRI Regulations (CPR) and the corresponding Regulatory Guide for the Preparation of A License Application for the Medical Use of Unsealed Radioactive Material (2015). Submit duplicate copies of the completed application form, official receipt of payment, and all required attachments, to the Nuclear Regulatory Division, Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.

This is an application for:

- ☐ A. NEW LICENSE
- ☐ B. AMENDMENT TO LICENSE NO. _____
- ☐ C. RENEWAL OF LICENSE NO. _____

1. NAME AND COMPLETE ADDRESS OF APPLICANT.

Hospital/Institution _____
Address _____
Director/Chairman of the Institution _____
Telephone and Mobile Numbers _____
Fax Number _____
E-mail Address _____

2. PERSON TO BE CONTACTED ABOUT THIS APPLICATION.

Name _____
Position/Title _____
Address _____
Telephone and Mobile Numbers _____
Fax Number _____
E-mail Address _____

3. LOCATIONS OF USE.

Address _____
Telephone Number _____

4. RADIOACTIVE MATERIALS AND PURPOSE(S) OF USE.

4.1 Unsealed Radioactive Materials for Medical Use

Radionuclide (Element/Mass Number)	Chemical/Physical Form	Max. Amount to be Possessed at Any One Time (MBq)	Purpose of Use

4.2 Sealed Sources

Radionuclide (Element/Mass Number)	Manufacturer	Model/ Serial Number	Number of Units (Quantity)	Purpose of Use

5. RADIATION WORKERS AND THEIR TRAINING AND EXPERIENCE.

Worker	Name	Telephone Number	E-mail Address
Radiation Safety Officer (RSO)			
Assistant RSO			
Authorized Users (Physicians)			
Medical Physicist/s			
Nuclear Medicine Technologists			

6. FACILITIES AND EQUIPMENT.

6.1 Facility Design and Safety Equipment

	Attached	Remarks
Layout of the Facility	☐	_____
Shielding Design/Calculations	☐	_____
Additional Safety Equipment	☐	_____

6.2 Nuclear Medicine Imaging and Non-imaging Equipment

Type of Equipment	Manufacturer	Model	Serial Number	Supplier/ Distributor	Organization to Perform Calibration

	Attached	Remarks
Acceptance Testing Report of _____	☐	_____
Performance Testing Report of _____	☐	_____

6.3 Radiation Detection and Monitoring Instruments

Type/Quantity of Instrument	Model/ Serial Number	Sensitivity Range	Manufacturer /Distributor	Date of Last Calibration	Organization to Perform Calibration

6.4 Personnel Monitoring Devices

6.4.1 Passive Dosimeters

Type	Quantity	Type of Radiation Detected	Type of Monitoring	Frequency of Change	Name and Address of Supplier(s)

6.4.2 Direct Reading Dosimeters

Type	Quantity	Range	Frequency of Calibration	Date of Last Calibration	Name and Address of Supplier
Pocket Dosimeter					
Others					

7. RADIATION SAFETY PROGRAM.

Item	Appendix	Title	Procedure Attached	N/A	Remarks
7.1	A	Organization, Duties and Responsibilities of Radiation Safety Committee	☐	☐	
7.2	B	Designation of a Qualified RSO and ARSO	☐	☐	
7.3	C	Duties and Responsibilities of the RSO	☐	☐	
7.4	D	ALARA Program	☐	☐	
7.5	E	Personnel Monitoring Program	☐	☐	
7.6	F	Training Program	☐	☐	
7.7	G	Procedure for Ordering, Receiving and Opening of Packages Containing Radioactive Material	☐	☐	
7.8	H	Procedure for Keeping Records of Radiopharmaceutical Use/ Dosages	☐	☐	
7.9	I	Procedures for Developing, Maintaining, and Implementing Written Directives	☐	☐	
7.10	J	QA/QC of the Proposed Nuclear Medicine Imaging and Non-imaging Equipment	☐	☐	
7.11	K	Rules for Safe Use of Radiopharmaceuticals	☐	☐	
7.12	L	Procedure for Leak Testing of Sealed Sources	☐	☐	
7.13	M	Procedure for Radiation Area Monitoring	☐	☐	
7.14	N	Procedure for Minimization of Contamination and/or Spill	☐	☐	
7.15	O	Model Procedure for Monitoring, Calculating, and Controlling Airborne Concentrations, including Procedure for Performance Testing of Fume Hood	☐	☐	
7.16	P	Radiation Safety During Radionuclide Therapy	☐	☐	
7.17	Q	Procedure for Hospital Care and Handling of Radioactive Patients, including Procedure for Release of Patients After Radionuclide Therapy	☐	☐	
7.18	R	Radiation Safety Precautions and Instructions for Patients	☐	☐	
7.19	S	Procedure for Calibration of Instruments	☐	☐	

7.20	T	Procedure for Radioactive Waste Disposal and Decay-in-Storage	☐	☐	
7.21	U	Procedure for Safe Handling of Dead Persons that Contain Unsealed Radioactive Material	☐	☐	
7.22	V	Emergency Plan	☐	☐	

8. **APPLICATION FEE** PhP_____ _____
Official Receipt Number _____
Date _____

LICENSE FEE PhP_____ _____
Official Receipt Number _____
Date _____

9. **CERTIFICATION:**

The applicant understands that all statements and representations made in this application are binding upon us. Further, the applicant and any official executing this certification on behalf of the applicant certify that this application is prepared in conformity with the applicable requirements in the Code of PNRI Regulations and that all information contained herein is true and correct to the best of our knowledge and belief.

_____
Signature of Certifying Official

_____
Typed or Printed Name of
Certifying Official

_____
Title/Position of Certifying Official

_____
Date

10. ACKNOWLEDGEMENT.

{Republic of the Philippines}
{ }

Before me, a Notary Public for and in the above jurisdiction, personally appeared the following persons:

Name _____ CTC No. _____ Date/Place Issued _____
Name _____ CTC No. _____ Date/Place Issued _____

both known to me to be the same persons who executed the foregoing application and all attachments, and acknowledged to me the same to be their free and voluntary act and deed.

_____
Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

Republic of the Philippines
Department of Science and Technology
PHILIPPINE NUCLEAR RESEARCH INSTITUTE
Commonwealth Avenue, Diliman, Quezon City

ATTACHMENT _____

MEDICAL USE TRAINING AND EXPERIENCE AND SUPERVISOR ATTESTATION

Proposed Authorization:

☐ **Authorized User** ☐ **Medical Physicist**
☐ **Radiation Safety Officer** ☐ **Nuclear Medicine Technologist**

Name of Individual: _____

PRC License No. *(as applicable)*: _____ Expiration Date: _____

1" x 1"
ID Photo

1. FORMAL TRAINING

Degree, Area of Study or Residency Program	Name of Program and Name of the Organization that Approved the Program (if applicable)	Location and Inclusive Dates

2. CLASSROOM AND LABORATORY TRAINING IN RADIATION SAFETY

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On-the-Job
a. Radiation Physics and Instrumentation					
b. Radiation Protection					
c. Mathematics pertaining to the Use and Measurement of Radioactivity					
d. Chemistry of Radioactive Material for Medical Use					
e. Radiation Biology					
f. Nuclear Regulations and Licensing					
g. Others					

3. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Radioactive Source/Device	Maximum Amount of Radioactive Source Handled	Where Experience Was Gained	Name of Supervising Individual(s)	Duration of Experience

4. SUPERVISING INDIVIDUAL – IDENTIFICATION AND ATTESTATION

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet the requirements of CPR Part 13, provide the following information of each)**:**

Name of Supervisor: _____
Address: _____ Tel. No.: _____
Supervisor is identified in PNRI Radioactive Material License Number _____ as:

☐ Authorized User
☐ Radiation Safety Officer
☐ Medical Physicist
☐ Nuclear Medicine Technologist

SUPERVISOR ATTESTATION

I attest that ____(Name of Individual)_____ has satisfactorily completed _____ (year, months) of relevant fulltime experience required in CPR Part 13, Section _____ Paragraph _____, as documented in this form.

☐ *He/She has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for the medical use of unsealed radioactive material.*

☐ *He/She has achieved a level of competency sufficient to function independently as a/n ___(Proposed authorization)_____ for the medical use of unsealed radioactive material for ____(Diagnostic/therapeutic)_____ purposes.*

_____
Name and Signature of Supervisor

Date: _____

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____
Name and Signature of Proposed Individual

Date: _____

Endorsed by the Radiation Safety Committee:

_____
Name and Signature of Chairman of RSC

Date: _____