

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

**APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE
 (TELE THERAPY)**

INSTRUCTIONS: To complete this application, refer to Part 12 of the Code of PNRI Regulations and the corresponding Regulatory Guide for the Preparation of Application for the Medical Use of Sealed Radioactive Sources in Teletherapy. Submit an original and one copy of the completed application, with the specified license fee and all required attachments, to the Nuclear Regulations, Licensing, and Safeguards Division of the Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.

This is an application for: (Check appropriate box)

- A. NEW LICENSE
 B. AMENDMENT TO LICENSE NUMBER _____
 C. RENEWAL OF LICENSE NUMBER _____

1. NAME AND MAILING ADDRESS OF APPLICANT. (Attach SEC registration and business permit issued by the responsible government agency.)

Institution/Hospital _____
 Address _____
 Director/Head of the Institution _____
 Telephone/Mobile Number _____
 Fax Number _____
 E-Mail Address _____

2. PERSON TO BE CONTACTED ABOUT THIS APPLICATION.

Name _____
 Position/Title _____
 Address _____
 Telephone/Mobile Number _____
 Fax Number _____
 E-Mail Address _____

3. RADIOACTIVE MATERIAL AND PURPOSE OF USE.

Isotope (Element/ Mass Number)	Manufacturer	Date of Manufacture	Date of Purchase	Source Model/ Serial Number	No. of Sealed Sources	Maximum Activity in each Sealed Source	Purpose of Use

4. LOCATIONS OF USE. (Attach location map or building plan.)

Address _____
 Telephone Number _____
 Fax Number _____

8.3 **Personnel Monitoring Devices**

Film Badge TLD Pen Dosimeter Others

No. of Units ___ No. of Units ___ No. of Units ___

9. **RADIATION SAFETY PROGRAM.** (Check appropriate space and attach the required information. Additional specific procedures may be required as may be deemed necessary).

		Description Attached	Remarks
9.1	ALARA Program	<input type="checkbox"/>	_____
9.2	RSC Duties & Responsibilities	<input type="checkbox"/>	_____
9.3	RSO Authorities, Duties and Responsibilities	<input type="checkbox"/>	_____
9.4	Training Program	<input type="checkbox"/>	_____
9.5	Personnel Monitoring Program	<input type="checkbox"/>	_____
9.6	Calibration	<input type="checkbox"/>	_____
	9.6.1 Calibration of Survey Instruments	<input type="checkbox"/>	_____
	9.6.2 Calibration of Teletherapy Unit/Sources	<input type="checkbox"/>	_____
9.7	Leak Test Program	<input type="checkbox"/>	_____
9.8	Radiation Surveys	<input type="checkbox"/>	_____
9.9	Operating Procedures	<input type="checkbox"/>	_____
9.10	Safety and Security of Radioactive Sources	<input type="checkbox"/>	_____
9.11	Emergency Procedures	<input type="checkbox"/>	_____
9.12	Decommissioning Plan	<input type="checkbox"/>	_____

10. **SECURITY OF SEALED SOURCES.** Submit a Security Plan in accordance with CPR Part 26.

11. **MANAGEMENT OF DISUSED RADIOACTIVE SOURCES.**

Submit a detailed description of methods of disposal of disused sealed sources. If disused sealed sources are to be returned to original supplier or manufacturer, submit copy of agreement with original supplier or manufacturer.

12. **APPLICATION FEE** _____ Official Receipt No. _____
 Date: _____
LICENSE FEE _____ Official Receipt No. _____
 Date: _____

13. CERTIFICATION.

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

Signature of Certifying Official Over Printed Name

Title/Position of Certifying Official

Date

14. ACKNOWLEDGEMENT.

{Republic of the Philippines}
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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.

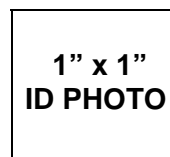
Notary Public

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

ATTACHMENT A

**TRAINING AND EXPERIENCE OF
 PROPOSED AUTHORIZED USER**

NAME : _____
NAME OF INSTITUTION: _____
EDUCATIONAL DEGREE : _____



1. TRAINING RECEIVED IN BASIC RADIATION SAFETY

(Enclose certificates of training and use additional sheets if necessary.)

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On -the-Job
Radiation Physics & Instrumentation					
Radiation Protection					
Mathematics & Calculations Pertaining to the Use of Radioactive Materials & Measurement of Radioactivity					
Radiation Biology					
Nuclear Regulations & Licensing					

**2. WORK /CLINICAL EXPERIENCE IN THE USE OF RADIOACTIVE SOURCE IN A
 TELE THERAPY/GAMMA STEREOTACTIC RADIOSURGERY UNIT**

Radioactive Source (Element & Mass No.)	Maximum Activity (Becquerels)	Where Experience was Gained	Duration of Experience (Months)	Type of Use

3. RELEVANT TRAININGS (Submit certificates of relevant trainings.)

Title of Training	Place of Training	Date of Training

4. CERTIFICATION. (Indicate the name of the Body that certified you to practice therapeutic radiology or similar disciplines and submit a copy of the certification).

Certifying Body	Date of Certification

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

Signature of Proposed Authorized User

 Date

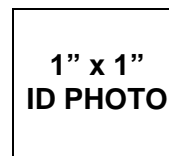
Endorsed by: _____
Chairman, Radiation Safety Committee

Date: _____

ATTACHMENT B

**TRAINING AND EXPERIENCE OF
 PROPOSED MEDICAL PHYSICIST**

NAME: _____
NAME OF INSTITUTION: _____
EDUCATIONAL DEGREE: _____



1. TRAINING RECEIVED IN BASIC RADIATION SAFETY

(Enclose certificates of training and use additional sheets if necessary.)

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On-the-Job
Radiation Physics and Instrumentation					
Radiation Dosimetry					
Radiation Protection					
Radiation Biology					
Radiation Therapy					

2. EXPERIENCE WITH RADIATION AND RADIOACTIVE MATERIAL

Radioactive Source (Element & Mass No.)	Maximum Activity (Becquerels)	Where Experience was Gained	Duration of Experience (Months)	Type of Use of Radioactive Source

3. EXPERIENCE WITH A TELE THERAPY/GAMMA STEREOTACTIC RADIOSURGERY UNIT

(e.g., full calibration measurements, output spot checks, etc.)

Equipment (Brand Name, Model/Serial Numbers)	Radioactive Source (Element & Mass No.)	Activity of the Source (Becquerels)	Experience Gained	Place where Experience was Gained	Duration of Experience (Months)

4. RELEVANT TRAININGS (Submit certificates of relevant trainings.)

Title of Training	Place of Training	Date of Training

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

 Signature of Proposed Medical Physicist

 Date

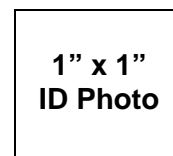
Endorsed by: _____
Chairman, Radiation Safety Committee

Date: _____

ATTACHMENT C

**TRAINING AND EXPERIENCE OF PROPOSED
 RADIATION SAFETY OFFICER**

NAME: _____
NAME OF INSTITUTION: _____
EDUCATIONAL DEGREE: _____



1. TRAINING IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

(Enclose certificates of training and use additional sheets if necessary.)

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 of Radioactive Materials and Measurement of Radioactivity					
d. Radiation Biology					
e. Nuclear Regulations and Licensing					

2. EXPERIENCE WITH RADIATION AND RADIOACTIVE MATERIAL

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

3. EXPERIENCE WITH RADIOTHERAPY EQUIPMENT, SURVEY INSTRUMENTS AND MONITORING DEVICES

Equipment (Brand Name, Model/Serial Numbers)	Radioactive Source (Element & Mass No.)	Activity of the Source (Becquerels)	Where Experience was Gained	Duration of Experience

4. RELEVANT TRAININGS (Submit certificates of relevant trainings.)

Title of Training	Place of Training	Date of Training

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

Signature of Proposed RSO

 Date

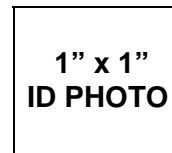
Endorsed by: _____
Chairman, Radiation Safety Committee

Date: _____

ATTACHMENT D

**TRAINING AND EXPERIENCE OF
 PROPOSED RADIOTHERAPY TECHNOLOGIST**

NAME : _____
NAME OF INSTITUTION: _____
EDUCATIONAL DEGREE : _____



1. TRAINING RECEIVED IN BASIC RADIATION SAFETY

(Enclose certificates of training and use additional sheets if necessary.)

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On-the-Job
Radiation Physics & Instrumentation					
Radiation Protection					
Radiation Detection & Measurement					
Radiation Biology					

2. EXPERIENCE IN THE OPERATION OF A TELETHERAPY/GAMMA STEREOTACTIC RADIOSURGERY UNIT

Equipment (Brand Name, Model/Serial Numbers)	Radioactive Source (Element & Mass No.)	Activity of the Source (Becquerels)	Where Experience was Gained	Duration of Experience (Months)

3. RELEVANT TRAININGS (Submit certificates of relevant trainings.)

Title of Training	Place of Training	Date of Training

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

Signature of Radiotherapy Technologist

 Date

Endorsed by: _____
Chairman, Radiation Safety Committee
 Date: _____