



# Application for Registration and Instructions for Radiation Physics Services

RI General Laws Chapter 23-1.3

Registrant Name: \_\_\_\_\_

Registration Number: RPS \_\_\_\_\_

Reason for application (Please check all that apply):

1. Initial Registration
2. Change of address: What is your current registration number:  
\_\_\_\_\_
3. Change of ownership: What is your current registration number:  
\_\_\_\_\_
4. Registrant Name Change: \_\_\_\_\_

<b>For Agency Use Only</b>	Category: <u>RPS</u> Registration No.: _____      Conditions: _____
	Reviewed By: _____      Date: _____      Amount Paid: _____
	Number of Active X-Ray Tubes: <b>N/A</b> Number of X-Ray Tubes in Storage: <b>N/A</b>





**State of Rhode Island**  
Department of Health

<p><b>Radiation Physics Services requested</b></p> <p>Applicants must provide education/ experience meeting the requirements of §§ 3.6 and 3.14 of 216-RICR-40-20, <i>Radiation</i>.</p> <p>Please check the applicable box(s) for the Radiation Physics services being requested and attach required supporting documentation (i.e. certificates, transcripts) to this application.</p>	<ul style="list-style-type: none"> <li><b>01</b> Calibration of health physics instrumentation</li> <li><b>02</b> General radiation physics services to medical radioactive materials licensees</li> <li><b>03</b> General radiation physics services to non-medical radioactive materials licensees</li> <li><b>04</b> General radiation physics services to medical X-Ray facility registrants</li> <li><b>05</b> General radiation physics services to non-medical X-Ray facility registrants</li> <li><b>06</b> Calibration of diagnostic X-Ray equipment</li> <li><b>07</b> Calibration of therapeutic medical devices utilizing sealed radioactive sources:             <ul style="list-style-type: none"> <li><b>A.</b> Teletherapy units</li> <li><b>B.</b> HDR Brachytherapy units</li> <li><b>C.</b> Stereotactic Radiosurgery units</li> </ul> </li> <li><b>08</b> Calibration of therapeutic radiation machines as defined in Part 5 of 216-RICR-40-20, <i>Radiation</i></li> <li><b>09</b> Other specialized radiation physics services and/or surveys (please specify): _____</li> </ul>
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**Acknowledgements**

I am aware of Chapter 23-1.3 of the General Laws of Rhode Island, 1978, as amended, and the standards, rules and regulations prescribed thereunder, which regulate the operation of this facility.

I acknowledge that authorized representative of the Agency shall, in conformity with the authority continued under Chapter 23-1.3 of the General Laws of Rhode Island, as amended, have the right to enter without prior notice to inspect the entire premises and services, including all records of any facility/residence.

<p><b>Social Security Number</b></p>	<p><b>Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any registration, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</b></p> <p>Please provide SSN for this registration: _____</p>
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<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p align="center"><b>AFFIDAVIT AND SIGNATURE</b></p> <p align="center"><b>This Application Must be Signed by the Applicant</b></p> <p><b>I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of this Registration in the State of Rhode Island.</b></p> <p><b>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</b></p> <p><b>I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.</b></p> <p><b>I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.</b></p>
<p><b>Signature of Applicant</b> _____</p>	<p><b>Date of Signature (MM/DD/YYYY)</b> _____</p>
<p><b>Printed Name of Applicant</b> _____</p>	