

Company Employee Services **Part 1 of 2**

Each person engaged in the business of installing or offering to install radiation machines and machine components or is engaged in the business of furnishing or offering to furnish any equipment services listed in **10A NCAC 15 .0205(d)** in this state is required to apply for registration.

Check the box if the company would like to be listed on the **NC Service Provider List** available to the public

1. EMPLOYEE INFORMATION: A Service Provider Employee Page is required for EACH employee registering in NC				2. BUSINESS INFORMATION: Enter business information of company registered with NC						
Employee Name			Business Registration #							
Adding Employee		<input type="checkbox"/>	Employment Start Date		Business Name					
Removing Employee		<input type="checkbox"/>	Employment Stop Date		Business Address					
Update Employee Information Only				<input type="checkbox"/>	Contact E-mail					

3. EMPLOYEE SERVICE CLASS (Per Employee):														
Submit examples of reports provided to clients for specific services in each modality identified below (e.g. Shielding Designs, Area Surveys, Training, Safety Programs ...)	Class II	Class III	Class IV	Class V	Class VII			Class IX						
	Install / Service Repair	Radiographic Shielding Design	Fluoroscopic Shielding Design	Diagnostic Area Survey	Therapy			Dose Analysis	Diagnostic Radiation Output Measurement	Design		QE	Non Healing Arts	
					Shielding Design	Area Survey	Calibration			Radiation Safety Training Program	Design Safety Program		Qualified Expert	Shielding Designs

3b. MODALITIES: Check **EACH** modality associated with the Class above the employee is requesting for registration

Dental												
Intra-oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-Held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical												
Radiographic (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic (Chiropractic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic (Podiatry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary												
Radiographic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy												
Superficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Brachytherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kV Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Healing Arts												
Analytical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet Scanners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3c. OTHER: If a Service Class or Modality is not mentioned above, describe below:

4. Do You Provide Radiation Output Measurements or Surveys? submit verification of calibration for each unit Yes No

5. Equipment Used for Radiation Output Measurements or Surveys: _____

6. Signing below certifies the person applying for registration has read and understands the requirements of the rules.
THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN to CERTIFY ALL INFORMATION ON THIS APPLICATION IS ACCURATE & COMPLETE:

Date: _____ Print Name: _____

Signature: _____

Title: _____

Company Employee Services Part 2 of 2

Each person engaged in the business of installing or offering to install radiation machines and machine components or is engaged in the business of furnishing or offering to furnish any equipment services listed in 10A NCAC 15 .0205(d) in this state is required to apply for registration.

7. EMPLOYEE INFORMATION:

A Service Provider Employee Page is required for EACH employee registering in NC

Employee Name

REQUIREMENTS TO PROVIDE DIFFERENT SERVICES IN NC ARE LISTED BELOW. SUBMIT ALL REQUIREMENTS LISTED UNDER EACH CLASS THE EMPLOYEE WILL BE REGISTERING TO PROVIDE IN NC ALONG WITH THIS APPLICATION. REGISTRATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTATION IS SUBMITTED.

8. Required Classification Documents (Per Employee)

Submit documents below for the applicable Service Class(s) the employee is requesting for registration

CLASS II Service and Installations [.0214(a)(2)(A)]

- Manufacturer's equipment school for service, maintenance and installation for type of machine use or equivalent training e.g. intraoral, diagnostic (general-podiatry-mammography), fluoroscopic, or therapy
- Training in principles of radiation protection [.0214(a)(2)(B)]
- Three months of experience in installation and service of radiation machine and machine components [.0214(a)(2)(C)]

CLASS III Diagnostic Radiographic Facility & Shielding

- Training in principles of radiation protection [.0214(a)(3)(A)]
- Training in shielding design [.0214(a)(3)(B)]
- One year experience in diagnostic radiographic facility and shielding design for specific type of machine [.0214(a)(3)(C)]

CLASS IV Diagnostic Fluoroscopic Facility & Shielding Design

- Training in principles of radiation protection [.0214(a)(4)(A)]
- Training in shielding design [.0214(a)(4)(B)]
- One year experience in diagnostic fluoroscopic facility and shielding design for specific type of machine [.0214(a)(4)(C)]

CLASS V Diagnostic Area Radiation Survey

- Training in basic radiologic health [.0214(a)(5)]
- Training in shielding evaluation [.0214(a)(5)]
- One year experience performing area radiation surveys [.0214(a)(5)]

CLASS VII Therapeutic Facility & Shielding Design, Area Survey or Calibration

- Certification by ABR or ABMP [.0214(a)(7)(A)] Expiration Date on Certificate _____
OR
- Have the minimum training & experience [.0214(a)(7)(B)]
 - Master's degree in physics, biophysics, radiological physics or health physics Degree must have seal
 - One year full-time experience in therapeutic radiological physics
 - One year full-time experience in a therapeutic facility including personal calibration & spot check of one machine
 - Description of procedures utilized in performing therapeutic calibration including a list of all guides & references to be employed

CLASS IX General Health Physics Consulting [.0214(a)(9)(A)(B)]

e.g. output measurements, dose analysis, design of safety programs, & radiation safety training programs, non-healing arts facility & shielding design, training programs, non-healing arts facility & shielding design, & area radiation surveys

- Baccalaureate degree in a physical science, engineering or related field
 - Two years progressive experience in medical or health physics
- OR
- Certification by ABR, ABH, or ABMP Expiration Date on Certificate _____

CLASS IX CT Qualified Expert - General Health Physics Consulting [.0611(b)(1)] [.0214(a)(9)]

- Master's or doctoral degree in physics, medical physics, biophysics, radiological physics, medical health physics, or equivalent disciplines (Must request official transcript from College/University direct to Credential@dhhs.nc.gov)
 - Three years' work experience in a clinical CT environment (Copy of certificate from accredited residency or certificate program or attestation, statement or letter from qualified supervisor – who must be certified by either the ABR, CCPM or ABMP)
- OR
- Certification by ABR, CCPM, or ABMP (copy of certificate is acceptable)

CLASS IX MQSA Qualified – General Health Physics Consulting [21 C.F.R. 900.12(a)(3)]

Initial Qualifications (Final Rule)

- State licensed or approved or have certification
- Masters' degree or higher in a physical science with no less than 20 semester hours in physics
- Experience of conducting surveys of at least 1 mammography facility and a total of at least 10 mammography units

Alternative Initial Qualifications (before 4/28/99)

- Bachelors' degree in a physical science with at least 10 semester hours or equivalent
- Forty contact hours of documented specialized training in conducting surveys of mammography facilities
- Experience of conducting surveys of at least one mammography facility & 20 mammography units. Training & experience requirements must be met after fulfilling the degree requirement.

9. Signing below certifies the person applying for registration has read and understands the requirements of the rules.

THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN to CERTIFY ALL INFORMATION ON THIS APPLICATION IS ACCURATE & COMPLETE:

Date: _____ Print Name: _____

Signature: _____

Title: _____