

**APPLICATION FOR USE OF RADIONUCLIDES
AND MACHINE PRODUCED RADIATION IN HUMANS
INVOLVING MEDICAL PHYSICIST PROCEDURES**

NAME: _____

DATE: _____

1. Radioactive Materials Use:

I request a Radioactive Materials Permit to perform Authorized Medical Physics duties associated with the following radioactive materials (RAM).

Radionuclide	Chemical / Physical Form	Maximum Quantity	Use
			Medical Physicist Duties

2. Location(s) of radioactive materials use: _____

This application also encompasses the duties of the Teletherapy/Authorized Medical Physicist to perform spot checks as well as full calibrations of the linear accelerators used in the medical treatment of humans and activities outlined in [Alabama Regulation 420-3-26-.09\(8\) g & h](#) (such as treatment planning checks and spot checks) and experimental irradiations as outlined in the University of South Alabama Particle Accelerator Registration 118.

3. Machine Irradiator Type: _____

4. Irradiator Location: _____

5. Usual or standard dose per administration: _____

6. Identify your training & experience in the clinical applications of radionuclides and linear accelerators.

7. List the sub-permit holder(s) under your supervision who will be working with the requested radioactive materials. Give dates of birth and experience using radionuclides.

Signature