

**APPLICATION FOR
RADIOACTIVE MATERIALS LICENSE FOR HUMAN-USE**

Please TYPE all the information.

ITEM – 1

Item 1 (a)

_____ New License (*see ITEM 5)

_____ Renewal of License

_____ Amendment

Item 1 (b)

Name: _____

Department: _____

Unit: _____

Academic Title: _____

Administrative Title: _____
(If Applicable)

Office Address: _____

Office Phone #: _____

Cell Phone #: _____

ITEM – 2

Radioactive Material for Medical Use (Check Items Desired)

10 CFR 31.11

(use of byproduct material for in vitro clinical or laboratory testing)

Includes ^{125}I -<10 μCi , ^{131}I -<10 μCi , ^{14}C -<10 μCi , ^3H -<50 μCi , ^{59}Fe -<20 μCi , ^{75}Se -<10 μCi , Mock ^{125}I (^{129}I -<0.05 μCi , ^{241}Am -<0.005 μCi), ^{57}Co -<10 μCi).

10 CFR 35.100 Subpart - D

(Use of radiopharmaceuticals for uptake, dilution and excretion studies)

10 CFR 35.200 Subpart - D

(Use of radiopharmaceuticals for imaging and localization studies)

10 CFR 35.300 Subpart – E

(Use of radiopharmaceuticals for therapy - Written Directive required)

Complete ITEM - 3 of this application.

10 CFR 35.400 Subpart - F

(Use of sealed sources for manual brachytherapy)

Circle the sealed sources for which authorized use is requested.

(a) ^{137}Cs (b) ^{60}Co (c) ^{198}Au (d) ^{192}Ir (e) ^{90}Sr (f) ^{125}I (g) ^{103}Pd

10 CFR 35.500 Subpart - G

(Use of sealed sources for diagnosis)

Circle the sealed sources for which authorized use is requested.

(a) ^{125}I ^{241}Am ^{153}Gd in a device for bone mineral analysis.

(b) ^{125}I in a portable imaging device.

Specify device: _____

10 CFR 35.600 Subpart - H

(Use of sealed source in a remote afterloader unit, teletherapy unit, or gamma stereotactic radiosurgery unit)

Circle the following sealed sources for authorized use.

(a) ^{192}Ir Varian GammaMed Plus IX HDR Remote Afterloader Unit

10 CFR 35.1000 Subpart - K

(Other Medical Uses of Byproduct Material or Radiation from Byproduct Material or Emerging Technologies) Circle the following sealed sources for authorized use.

(a) ^{125}I - Iotrex Gliasite; (b) ^{131}Cs - Cesitrex Gliasite; (c) ^{90}Y – SIRSpheres;

(d) ^{90}Y – TheraSpheres; (e) Other _____

Procedures Authorized in Program Interest ID - 450669

ITEM – 3Complete only if checked for 10 CFR 35.300 Subpart E

Element and Mass No.	Chemical Form	Activity needed per patient (mCi)	Purpose

(Attach additional sheets if necessary)

ITEM – 4Please attach letters of Faculty appointment and UH Medical/Dental staff appointment.

New Jersey Medical License No: _____

Date of **current** faculty appointment: _____ **Expiration Date:** _____
(Please provide renewal date, if you already have a license)Date of **current** appointment to UH Medical/Dental Staff: _____ **Expiration Date:** _____
(Please provide renewal date, if you already have a license)

ITEM – 5

Please list specialty board certifications and submit a copy of your certificates:

Special Board Date	Category	Month and Year Certified	Expiration
_____	_____	_____	

_____	_____	_____	

_____	_____	_____	

_____	_____	_____	

*New Licensees only: Relevant Training and Experience and Preceptor Attestation forms must be accompanied with this application. Download forms from <http://www.nrc.gov/reading-rm/doc-collections/forms/> or contact Office of Radiation Safety Services – Prasad.Neti@Rutgers.Edu at MSB A-534, 2-5305.

Signature: _____

Date: _____