

DEPARTMENT OF HEALTH

(RENEWAL FORM)

APPLICATION FOR RENEWAL OF CERTIFICATE TO ADMINISTER RADIOACTIVE MEDICINAL PRODUCTS

Medicines (Administration of Radioactive Substances) Regulations 1978 (SI 1978 No 1006)

Medicines (Radioactive Substances) Order 1978 (SI 1978 No 1004)

Medicines (Administration of Radioactive Substances) Amendment Regulations 1995 (SI 1995 No 2147)

- i. This form must be used only for the renewal of existing certificates for diagnosis or therapy held personally by the applicant at the same address as that for which authorisation is now sought.
- ii. If authorisation for radioactive medicinal products not included in the existing certificate is sought this must be done separately using the appropriate application form.
- iii. Please complete Parts A, B and C of the form in typescript or black ink and send to:

**ARSAC Support Unit,
Health Protection Agency, Centre for Radiation, Chemical and Environmental Hazards
Radiation Protection Division, Chilton, Didcot, Oxon OX11 0RQ.
Telephone: 01235-832421/822772 (administration) 01235-822887 (scientific)
Fax Number: 01235-834925**

- iv. If, as part of the renewal process, the applicant wishes to apply for functional group authorisation, this should be done using the functional group application form.

PART A: APPLICANT

A

1. Surname
2. Forenames
3. Post/Position and Title
4. Date of Appointment
5. Speciality
6. Address for Correspondence

7. Telephone Number and Extension
8. Fax Number
9. Name and address of Employer at the site for which the certificate is issued. This should be consistent with Part C para 1.

10. RPC Number of certificate(s) you wish to renew - **RPC**
11. Has there been any substantial change in your post, speciality or employing authority since the issue of the certificate for which renewal is sought?

If **yes**, **PART A** of the ARSAC Full Form must be completed and submitted with this application.

PART B: RENEWAL OF CERTIFICATE

B

The items included on the existing certificate are listed on the sheet enclosed with this form.

Maintenance of competence is a Clinical Governance issue and an essential part of modern clinical practice. Certificate holders are expected to be able to show evidence of continuing medical education associated with the nuclear medicine procedures they undertake as part of the appraisal and revalidation processes and if requested to reference this in support of an application for the renewal of their certificate.

I apply for renewal of my authorisation to administer the radioactive medicinal products on the enclosed list and confirm that I have undertaken appropriate continuing medical education in order to maintain competence in the procedures requested.

NB - the marked items have been withdrawn and will not be included on the new certificate.

I confirm that the information contained in this application is accurate.

Signature: _____ Date:

NB: This signature must be an original

**PART C: STAFF, FACILITIES & EQUIPMENT
AVAILABLE TO THE APPLICANT**

C

All applicants must ensure that Part C is completed.

This part should be completed by the persons responsible for the scientific aspects of the work (who may or may not include the applicant).

Please specify: -

1. The name and address of the site: -

2. Equipment

	Brief details of equipment (eg make, model)	QA programme
Radionuclide dose calibrators		Yes/No
Imaging systems (where appropriate)		Yes/No
a. <u>gamma cameras</u>		Yes/No
b. <u>computers</u>		Yes/No
<u>sample counters</u> (where appropriate)		Yes/No
Other relevant major equipment		Yes/No

3. Facilities

	Brief details of facility
Radionuclide storage	
Stock control	
Dispensing	
Administration of treatment (where appropriate)	
Ward care of patients given treatment (where appropriate)	

4. The Radiation Protection Adviser should sign below to indicate that he/she is satisfied with the arrangements for radiation safety.

Name and Address

Signature

Date

5. The Medical Physics Expert should sign below to indicate that he/she is satisfied with the arrangements for patient dosimetry

Name and Address

Signature

Date

6. The scientist(s) responsible for the provision of radioactive medicinal products should sign below to indicate that he/she is satisfied with the arrangements for which he/she is responsible. **NB** – refer to note 2 on page 5 regarding this section.

Name
Qualifications
Post and site
Relevant experience

Name
Qualifications
Post and site
Relevant experience

Signature

Date

Signature

Date

7. The scientist responsible locally for the other scientific support facilities should sign below to indicate that he/she is satisfied with the arrangements for which he/she is responsible.

Name
Qualifications
Relevant experience

Post

Signature

Date

NB:

- 1. All the above signatures must be originals – photocopies are not acceptable.**
- 2. If radioactive medicinal products are supplied from another hospital, please ask the local scientist responsible for the provision of these radioactive medicinal products at that hospital to sign Section 6, as well as the local scientist who is responsible for acceptance of radioactive medicinal products at your own site.**