# New practitioner licence: application form

This is an application form for a practitioner licence to administer radioactive substances as required under:

* Ionising Radiation (Medical Exposure) Regulations 2017
* Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018

Use this form if you only hold an old style certificate or have not been authorised before. Application forms and any supporting information should be submitted through the [online application portal](https://digitaltools.phe.org.uk/servicedesk/customer/portal/22).
**Please do not delete any sections of this form when completing.**

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|  | Title | Click here to enter text. |
|  | First name | Click here to enter text. |
|  | Last name | Click here to enter text. |
|  | Reference of existing diagnostic or therapy certificate (if applicable). | Click here to enter text. |

**Procedures to be included on the licence**

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| 1.
 | **Diagnostic procedures** |
|  | Please enter serial numbers or procedure codes for procedures in the [Notes for Guidance](https://www.gov.uk/government/publications/arsac-notes-for-guidance) that are required individually.(To add more procedures, insert rows into the table and if desired copy the relevant drop down box to the new row.) |
|  | Select diagnostic procedures  |
|  | Select PET procedures |
|  | Click here to enter text. |

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|  | Functional Groups – Please check the relevant boxes where all the procedures within the functional group selected are required  |
|  | Imaging | Non-imaging |
|  | 1 – Cardiac |[ ]  8 – Genito-urinary |[ ]  20 – Absorption |[ ]
|  | 2 – Vascular |[ ]  9 – Infection/Inflammation |[ ]  22 – Haematology |[ ]
|  | 3 – Lung |[ ]  10 – Haematology |[ ]  23 – Endocrine |[ ]
|  | 4 – Brain |[ ]  11 – Endocrine |[ ]  24 – Gastrointestinal |[ ]
|  | 5 – Bone/joint |[ ]  13 – Lacrimal |[ ]  25 – Genito-Urinary |[ ]
|  | 6 – Gastrointestinal |[ ]  14 – Tumour |[ ]   |  |
|  | 7 – Hepatobiliary |[ ]  15 – Sentinel Node |[ ]   |  |

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|  | Please enter details of procedures requested that arenot included in the Notes for Guidance. (Please enter one procedure per line, to apply for additional procedures insert more rows into the table and include any references for effective doses listed.)If you know the relevant procedure code, you can include this with the indication, but it is not mandatory.  |
|  | Radionuclide | Pharmaceutical or chemical form | Indication | Route | Activity (MBq) | ED (mSv) |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| 1.
 | **Sealed Source therapy** (For those procedures in the Notes for Guidance, please include the procedure code in the first column. Enter one procedure per line, to apply for additional procedures insert more rows into the table) |
| Procedure code | Radionuclide | Appliance or device | Indication | Number performed in last 12 months | Predicted number performed in next 12 months |
| Choose an item.  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| 1.
 | **Unsealed source therapy** |
|  | Please enter procedures requested that arein the Notes for Guidance. (To apply for more than one procedure copy the block below and complete all questions (i) to (viii) for each procedure.)  |
|  | Procedure Code or Serial Number |  Select a procedure code  |
|  | How is administered activity calculated? |  Choose an item. | Click here to enter text. |
|  | Organ(s) at Risk (OaR) (please indicate the most relevant) | Click here to enter text. |
|  | Maximum dose likely to be received by specified OaR. | Click here to enter text. |
|  | Method for calculation of dose to OAR and/or tumour. | Choose an item.  | Click here to enter text. |
|  | Details of any dose limiting measures for the patient used locally (for example, renal protection with amino acids, or increased oral hydration). | Click here to enter text. |
|  | Number performed in last 12 months. | Click here to enter text. |
|  | Predicted number performed in next 12 months. | Click here to enter text. |

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| 7. | **Unsealed source therapy** |

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|  | Please enter procedures requested that are not in the Notes for Guidance.(To apply for more than one procedure copy the block below and complete all question (i) to (xi) for each procedure.) |
|  | Radionuclide | Click here to enter text. |
|  | Pharmaceutical or chemical form | Click here to enter text. |
|  | Indication | Click here to enter text. |
|  | Route  | Click here to enter text. |
|  | How is administered activity calculated. | Choose an item. | Click here to enter text. |
|  | Organ(s) at Risk (OaR) (please indicate the most relevant). | Click here to enter text. |
|  | Maximum dose likely to be received by specified OaR.  | Click here to enter text. |
|  | Details of method for calculation of dose to OaR. | Choose an item. | Click here to enter text. |
|  | Details of any dose limiting measures for the patient used locally (for example, thyroid blocking.) | Click here to enter text. |
|  | Number performed in last 12 months. | Click here to enter text. |
|  | Predicted number performed in next 12 months. | Click here to enter text. |

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| 1.
 | **Research** |
|  | Would you like to apply to administer all diagnostic procedures listed in Q5 for research? | Choose an item. |
|  | Would you like to apply to administer all sealed source therapy procedures listed in Q6 for research? | Choose an item. |
|  | Would you like to apply to administer all unsealed source therapy procedures listed in Q7 for research? | Choose an item. |
|  | Please enter details of any additional procedures requested for research only that are not included in a, b or c above.(Please enter one per line and include references for effective doses. To add more procedures, insert additional rows into the table.)If you know the IRAS ID for the relevant study, you can include this in the table, but it is not mandatory. |
| Procedure Code | Radionuclide | Pharmaceutical or chemical form | Indication | Route | Activity (MBq) | ED (mSv) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Training and experience**

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|  | Membership with College | Click here to enter text. |
|  | Medical qualifications and any other relevant qualification including dates | Click here to enter text. |
|  | **For new practitioners** (applicants with a current certificate or licence, go to Q12) |
|  | Training route | Choose an item. | If you selected equivalence, go to Q12. |
|  | For formal training route, specify training number: | Click here to enter text. |
|  | Supervisor(s) and contact details: | Click here to enter text. |
|  | Institution | Click here to enter text. |
| 1.
 | **For all practitioners** Please provide details of relevant theoretical training undertaken.(Please enter one type of training per block, you can add multiple blocks, please attach certificates for courses attended.) |
|  | Type of training | Choose an item. Click here to enter text. |
|  | Scope | Click here to enter text. |
|  | Procedures | Click here to enter text. |
|  | Dates of training  | Click here to enter text. |
|  | Institution | Click here to enter text. |

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|  | Please provide detail of all relevant practical training and experience.(Please enter one type per block, you can add multiple blocks. Please ensure that details are provided up to the present day.) |
|  | Type  | Choose an item. Click here to enter text. |
|  | Procedures | Click here to enter text. |
|  | Dates | Click here to enter text. |
|  | Institution | Click here to enter text. |
|  | Supervisor, training lead or mentor (if applicable) | Click here to enter text. |
|  | Approximate numbers of cases | Click here to enter text. |
|  | Details | Click here to enter text. |

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| 1.
 | Medical radiological installations where you are (or will be) entitled as an IR(ME)R practitioner |
|  | Do you support more than one site/installation? | Yes or no |
|  | If yes to 14a), please list the sites and include details of the number of sessions of support for each site. Please provide details of how you supervise each of the services. | Click here to enter text. |
|  | If you support more than one site, please provide details of how you supervise each of the services. Please include details of the number of sessions of support for each site.  | Click here to enter text. |
|  | Do you provide any support remotely? | Yes or no |
|  | If yes to 14d), please confirm for which sites remote support is provided and provide details of how this support is provided. | Click here to enter text. |

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|  | Please provide any other relevant information to support this application. * rationale for application (for example, renewing a certificate or succession planning)
* supporting statement regarding new procedures

Additional attachments (for example, letters of support) can also be added to the application on the [online portal](https://digitaltools.phe.org.uk/servicedesk/customer/portal/22) when submitting.  |
| Click here to enter text. |

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|  | Practitioner declaration: I apply for a practitioner licence to justify procedures involving the administration of radioactive substances listed in this application form.I confirm that all information contained in this application form is correct.  |
| Practitioner signature (electronic signatures can be used): | Click here to enter text. |
| Date | Click here to enter a date. |