

APPLICATION TO BE LISTED AS A PRIVATE INSPECTOR OF X-RAY MACHINES

Virginia Department of Health
Division of Radiological Health and Safety Regulations
P. O. Box 2448, Room 730
Richmond, VA 23218
(804) 864-8150

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Office Fax: (____) _____

E-mail Address: _____

In order to be listed as a private inspector of X-ray machines, that person must meet the criteria set forth in the Virginia Radiation Protection Regulations of 2006, 12 VAC 5-481-340. Documentation must be submitted with the application to verify credentials.

Indicate your qualifications below:

A. Private Inspector, Diagnostic X-ray

- _____ Certified by the American Board of Radiology (ABR) or the American Board of Medical Physics (ABMP)
- _____ Certified by the American Board of Health Physics (in comprehensive practice).
- _____ Bachelor's Degree in one of the physical sciences or engineering and three years of full time experience in radiation safety including at least one year in diagnostic x-ray safety. Advanced degrees in related areas may be substituted for experience on an equal time basis, except that no substitution shall be allowed for the required one year experience in diagnostic x-ray safety.

B. Private Inspector, Therapeutic X-ray and Teletherapy Machines

- _____ Certified by the American Board of Radiology in Therapeutic Radiological Physics, Radiological Physics, or X-ray Gamma Ray Physics or the American Board of Medical Physics in Radiation Oncology Physics or the Canadian College of Medical Physics.
- _____ Bachelors' degree in one of the physical sciences or engineering and three years full time experience working in therapeutic radiological physics under the direction of a physicist certified by the American Board of Radiology. The work duties must include involving the calibration and spot checks of a medical accelerator or a sealed source teletherapy unit.
- _____ Masters' or a Doctorate degree in physics, biophysics, radiological physics, health physics, or engineering; has had one year's full time training in therapeutic radiological physics; and has had one year's full time work experience in a radiotherapy facility where the individual's duties involve calibration and spot checks of a medical accelerator or a sealed source teletherapy unit.

C. Private Inspector, Mammography

The person must have adequate knowledge, training and experience to inspect mammography x-ray machines and facilities. All mammography private inspectors conducting surveys of mammography facilities and providing oversight of the facility quality assurance program must meet one of the following tracks; either through the initial Masters' degree of higher route or the alternative initial Bachelors' degree route:

_____ Masters' Degree Route:

- a. Be certified by the American Board of Radiology (ABR) or the American Board of Medical Physics (ABMP) in:
 - 1) Diagnostic Radiological Physics;
 - 2) Radiological Physics; or
 - 3) Diagnostic Imaging Physics;
- b. A Masters' degree or higher in a physical science with at least 20 semester hours or equivalent of graduate or undergraduate physics; and
- c. Twenty contact hours of mammography facility training; and
- d. The experience of conducting surveys of at least one mammography facility and a total of at least 10 mammography units.

_____ Bachelors' Degree Route (must have been qualified before April 28, 1999):

- a. A Bachelors' degree in a physical science with at least 10 semester hours or equivalent of college level physics;
- b. Forty contact hours of documented specialized training in conducting surveys of mammography facilities; and
- c. The experience of conducting surveys of at least one mammography facility and a total of at least 20 mammography units. The training and experience requirements must be met after fulfilling the degree requirement.

Additional Information

Availability for Consulting from Virginia Registrants:

_____ I am available for consulting from Virginia registrants for a fee.

_____ I am not available for consultations outside of my work place.

Types of Services you are willing to provide to Virginia registrants:

- | | | |
|---------------------------------|--------------------------------------|------------------------------------|
| _____ Bone Density Inspections | _____ Chiropractic X-ray Inspections | _____ Dental X-ray Inspections |
| _____ Mammography Inspections | _____ Medical X-ray Inspections | _____ Podiatry X-ray Inspections |
| _____ Therapy X-ray Inspections | _____ Veterinary X-ray Inspections | _____ Industrial X-ray Inspections |
| _____ Shielding Design | | |

Comments: _____

Signature: _____ **Date:** _____

I understand that knowingly providing false or misleading information provided with this application will result in the immediate removal of the individual's name from the Private Inspector's list and could result in criminal liability, civil liability, and /or punishable by a fine and imprisonment.