Enquiries: RN Admin: 021-015 5511 radionuclides@sahpra.org.za

**File no.: Authority no: /**

Please quote your file number   
 in all correspondence ⇨

Complete this form in *legible* block letters & send it ***to the email address above***.

For change of Acting Medical Physicist, see overleaf, but complete section A as well.

***The names in A.1, B.1 and C.1 must be as on your current authority.***

## Section A: Authority Holder & Radiation Protection Officer

A.1 Name of authority holder:

A.2 Address:

A.3 Name of Radiation Protection Officer.

🕿 (office): Fax:

🕿 (cell): Email:

|  |  |
| --- | --- |
| Signature*:* | Date: |

## Section B: Designated Medical Physicists

*(Skip this section if the designated medical physicist is unchanged.)*

B.1 Name of **present (departing)** Medical Physicist:

🕿 (office): Fax:

🕿 (cell): Email:

|  |  |
| --- | --- |
| Signature*:* | Date: |

B.2 Name of **new** Medical Physicist:

🕿 (office): Fax:

🕿 (cell): Email:

HPCSA Reg no.: ID no.:

**Declaration by new Medical Physicist** *(tick applicable boxes):*

I,  *,* hereby declare that I intend to render a

□ full-time □ part-time service as Medical Physicist in □ Nuclear Medicine   
□ Radiotherapy for the above-mentioned authority holder as from

(Date)

|  |  |
| --- | --- |
| Signature*:* | Date: |

## Section C: Acting Medical Physicists

*(Ignore this section if the Acting Medical Physicist is unchanged.)*

C.1 Name of **present (departing)** Acting Medical Physicist:

🕿 (office): Fax:

🕿 (cell): Email:

|  |  |
| --- | --- |
| Signature*:* | Date: |

C.2 Name of **new** Acting Medical Physicist:

🕿 (office): Fax:

🕿 (cell): Email:

HPCSA Reg no.: ID no.

**Declaration by new Acting Medical Physicist** *(tick applicable boxes):*

I, hereby declare that I intend to render a

□ full-time □ part-time service as Acting Medical Physicist in □ Nuclear Medicine   
□Radiotherapy for the above-mentioned authority holder as from

(Date)

|  |  |
| --- | --- |
| Signature*:* | Date: |

*Before you submit this form, please make sure that* ***all relevant details and signatures are given****.   
Incomplete forms delay not only your own application but all those waiting after yours too.*

*If you* ***resubmit*** *a form with corrections, please* ***update the signature dates****, otherwise the system may assume it is a duplicate and discard it. Thank you.* (This applies to all radionuclides forms.)

**\* Extracts** **from Regulations** (R247 of 26 February 1993) relating to Hazardous Substances Act 15 of 1973:

[The application for authority shall make provision for ... ]

2. (b)(vii) In the case where the authority concerned pertains to a Group IV hazardous substance for medical purposes, the name, address, and qualifications of the **medical physicist** referred to in regulation 29 (6) and of the **medical physicist who will be acting in his place during his absence**.

29. (6) A holder who uses, for medical purposes, a Group IV hazardous substance with an activity of 370 megabecquerel or more **shall make use of the services of a medical physicist**.

30. A medical physicist shall be responsible for the performance of the acts that pertain to his profession, as contained in Government Notice No. R. 310 of 26 February 1988, and that are applicable to the specific activity of the holder who is making use of the services of such a physicist in terms of regulation 29 (6).