



Sri Lanka Atomic Energy Act No. 40 of 2014
SRI LANKA ATOMIC ENERGY REGULATORY COUNCIL



Application for the Renewal of a Licence for Medical Radiography Using Ionizing Radiation

Sources covered by this application: Dental X-ray Machines/Bone Density Scanners

Maximum Validity Period of the Licence–Three years

This application should be duly filled and submitted to the Sri Lanka Atomic Energy Regulatory Council, 03 months prior to the date of expiry of the licence to get it renewed as described in section 28 (1) of the Sri Lanka Atomic Energy Act No. 40 of 2014.

1. General Information: (provision of the all information requested below is compulsory)

Details of the applicant	
Name of the Applicant (Licencee)	
Designation of the Applicant	
Name and Address of the institute	
Name & designation of the Head of the institution (If not the Licencee)	
Existing licence No.	
Date of expiry of the licence	
Name of the radiation protection officer (RPO)	
Contact No. of RPO	
Business registration No. (only for private entities). Please attach a copy of registration	
Telephone No./ Fax No.	
E-mail address	
Address where the X-ray equipment used. (if different from the above address)	
Telephone No./ Fax No.	
E-mail	

2. Information of users to be authorized:

2.1. Details of personnel to be authorized to operate the X-ray machines (radiographers/dental surgeon etc..) as relevant depending on the type of machine (if space is not adequate, use additional papers with same format to provide all information)

Name with initials	Date of Birth	National ID Number (Compulsory)	Designation	SLMC registration No.	Qualifications & experience in the relevant field	Details of radiation protection trainings received (title of training, organizer, year, training code etc.)

2.2. Details of personnel to be authorized to work in control areas (X-ray rooms) (if space is not adequate, use additional papers with same format to provide all information)

Name with initials	Date of Birth	National ID Number	Designation	SLMC registration No. (if applicable)	Qualifications & experience in the relevant field	Details of radiation protection trainings received

3. List all dental X-ray equipment to be authorized for the institute: (if space is not adequate, use additional papers with same format to provide information of the all X-ray machines)

Machine Type	Brand Name	X-ray Tube Model	X-ray Tube Serial No	X-ray Tube out puts. Max kVp/ mA or mAs	Identification of room/ location	Whether room plan is approved by the Council (Yes or not)	If yes, Room plan number/ Authorized Letter number and Date	AERC Import Authorization Number for machine/tube importation	Status
Eg: Dental Radiography	Shimadzu	DCO 25	2365	125kVp/ 100mA or 200mAs	Dept. of X-ray/ Room No. 01	Yes	AERC/CS/A1/01	AERC/IMP/A1/1	Functioning

3.1. No. of X-ray Machines:

Dental X-ray Machines

Bone Density Scanners

4. Radiation monitoring equipment:

Description of radiation monitoring equipment available (survey meters, area monitors, etc.)

Type of Equipment	Brand Name	Measuring Energy Range	Model No.	Serial No.	Date of last calibration	Calibration report No.	Status of the equipment

5. Image processing technique:

Indicate the existing image processing technique used:

Manual

Auto

CR

Digital

6. Radiation protection, QA & training programmes:

In an attachment to this application, provide details on the following;

6.1. Measurement of exposure of workers and maintenance of dose reports

(If not implemented provide an action plan for implementation)

6.2. Educational and training programmes which are conducted by the institute for new workers, refresher training for existing workers on radiation protection and QA. (If not implemented provide an action plan for implementation)

6.3. A list of radiation protection gears available at the facility

7. Implementation of Council's recommendations:

Provide the status of implementation of recommendations given by the Council within last 03 years.

8. Declaration:

I hereby declare that the all the information submitted is correct to the best of my knowledge and belief. In case, it is found, at any stage, that the information provided by me is false and/or not authentic, then I hereby accept that appropriate regulatory actions may be initiated against me and my institution, in accordance with the provisions of the Sri Lanka Atomic Energy Act No. 40 of 2014 and rules and regulations made there under.

Signature of the applicant

(If not the Head)

Signature of Head of the institution and seal

Date:_____

Date:_____

This Page may be retained for your information.

Instructions for applicants

1. The duly filled application form should be submitted to the Council along with the application processing fee of Rs 2000.00.
2. Processing fees should be made by cheque /MO/PO in favor of the Sri Lanka Atomic Energy Regulatory Council or by cash.
3. Application/s should be submitted to the Council before 30th September of each year along with the **application processing fee of Rs. 2000/=**. If application is not be submitted for renewal before 30th September, the applicant/institute **liable to pay Rs.100.00 as a surcharge for each day** until the date of submission of the renewal application, as per the Rule No. 1924/27 gazetted on 21-07-2015 on this behalf.
4. For any inquiries: Contact : Mr. T.H.S. Shantha, Director, (Authorization) of the Council
Tel: **011 2987860 / 011 3054805** E-mail: officialmail@aerc.gov.lk
5. For details of information and to down load the licence application, visit: www.aerc.gov.lk
6. Please forward your applications to:
**Director General,
Sri Lanka Atomic Energy Regulatory Council,
No. 977/18,
Kandy Road,
Bulugaha Junction,
Kelaniya.
Fax: 011 2987857**

Licence renewal fees

The licence renewal fee given below is applicable for each machine and shall be paid upon receipt of an invoice/ proforma invoice.

Source type	Fully Govt. owned Institutions such as Govt. Hospitals and Govt. Universities etc..	Semi Govt. and Private institutions
Dental X-ray machine	Rs. 14,500.00	Rs. 29,000.00
Bone Density Scanner	Rs. 14,500.00	Rs. 29,000.00

Important: Incomplete applications and/or applications with insufficient information are liable to be returned to the applicant or rejected.