

# Form 13 – Application for Accreditation as a Compliance Tester

(Section 33B—Accreditation process)  
Radiation Protection and Control Act 1982



## Personal details

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given names \_\_\_\_\_

Previous name (if applicable) \_\_\_\_\_

Gender Male Female DOB \_\_\_\_\_

Occupation \_\_\_\_\_

Licence to operate ionising radiation apparatus? Yes No Number \_\_\_\_\_

Correspondence address \_\_\_\_\_

Suburb \_\_\_\_\_ Post code \_\_\_\_\_

Email \_\_\_\_\_ Contact no \_\_\_\_\_

Do you wish to have your name, email address, and contact no. listed on the EPA web page? (this enables owners of Diagnostic X-ray apparatus to contact compliance testers) Yes No

## Details of prior radiation protection convictions

Have you ever been convicted of an offence under any radiation protection legislation? Yes No

If yes please provide details \_\_\_\_\_

Have you ever had a licence (or an application for a licence) to operate radiation apparatus, to use or handle a radioactive substance or an accreditation as a compliance tester refused, suspended or cancelled by any radiation licensing authority? Yes  No

If yes please provide details \_\_\_\_\_

## Type of accreditation being applied for

Nominate type of accreditation being applied for:

- Dental Plain X-ray Apparatus <sup>Note 1</sup>
- Dental Panoramic and Cephalometric X-ray Apparatus <sup>Note 1</sup>
- Dental Cone Beam Computed Tomography X-ray Apparatus <sup>Note 2</sup>
- Medical, Veterinary or Chiropractic Plain X-ray Apparatus <sup>Note 3</sup>
- Medical or Veterinary Fluoroscopy <sup>Note 3</sup>
- Medical or Veterinary Computed Tomography <sup>Note 3</sup>
- Mammography <sup>Note 4</sup>
- Shielding <sup>Note 3</sup>

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### OFFICE USE ONLY

Amount \$ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Receipt no \_\_\_\_\_

Presc quals \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

RPC \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Employer no \_\_\_\_\_

Licence no \_\_\_\_\_

Condition \_\_\_\_\_

Full approval \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

HUB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notes**

- 1 Accreditation for shielding verification of rooms in which a *Dental Plain, Dental Panoramic and/or Cephalometric X-ray apparatus* is installed is included in the accreditation for the apparatus certification.
- 2 Accreditation for shielding verification of rooms in which a *Dental Cone Beam Computed Tomography X-ray apparatus* is installed is included in the accreditation for the apparatus certification. However the shielding component requires the applicant to demonstrate competencies in relation to shielding verification techniques (see core competency E); or successfully complete a course that has been approved by the EPA.
- 3 Accreditation for shielding verification of rooms in which a *Medical, Veterinary, or Chiropractic X-ray apparatus* is installed is a separate accreditation and requires the applicant to demonstrate competencies in relation to shielding verification techniques (see core competency E); or successfully complete a course that has been approved by the EPA.
- 4 Accreditation for certification of *Mammography X-ray apparatus* requires an accreditation under the Mammography Quality Assurance Program of The Royal Australian and New Zealand College of Radiologists.

**Applicant’s qualifications, prior accreditation and training in radiation protection**

Indicate the basis on which accreditation is being applied for, including the type of relevant professional qualification(s) you possess. NOTE: you must enclose a copy of your qualification and training certificates.

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Engineer               | <input type="checkbox"/> Medical Physicist | <input type="checkbox"/> Radiographer |
| <input type="checkbox"/> Radiotherapist         | <input type="checkbox"/> Scientist         | <input type="checkbox"/> Technician   |
| <input type="checkbox"/> Other (please specify) |  |                                       |

**Prior recognition**

If you have been accredited as a compliance tester in South Australia any time in the last five years, but no longer hold valid accreditation, you are eligible to apply on the basis of prior accreditation.

Do you wish to apply for Prior Recognition? Yes  No

**Training courses**

Please enclose (as an attachment) a summary of relevant training courses successfully completed. You should include such information as the course title, course provider, duration and date of completion.

Please enclose a copy of any course certificates, or equivalent, as proof of successful completion.

**Employment details**

Employment status (eg self-employed, employee): \_\_\_\_\_

- If self-employed/business owner:
  - Trading or Business name \_\_\_\_\_
  - ABN \_\_\_\_\_ ACN \_\_\_\_\_
- If employed:
  - Name and contact details of employer \_\_\_\_\_
  - Principal business activity of employer \_\_\_\_\_

Please enclose (as an attachment) a summary of your relevant professional employment history. You should include such information as the organisation, job title and years employed (not required if applying for mutual recognition or prior recognition).

## Competencies

Please enclose (as an attachment) statements that demonstrate experience and expertise relevant to each competency. You should detail key areas of responsibility and years of experience. You may describe tasks or projects you have worked on to support your claims.

### **A Radiation physics**

Describe what training you have received and/or knowledge gained in the area of radiation physics. This might be in association with tertiary studies, short courses, or your professional experience.

### **B Radiation safety**

Describe what training you have received and/or knowledge gained in the area of radiation safety. This might be in association with tertiary studies, short courses, or professional experience.

### **C Operation of diagnostic and/or radiotherapy X-ray apparatus**

Detail your experience in the operation of diagnostic and/or radiotherapy X-ray apparatus. This might be in association with installations, servicing, calibrations, teaching, research, clinical work, or similar. You should be specific about the type of apparatus you have operated.

### **D Quality assurance testing of X-ray apparatus**

Detail your experience in the testing of diagnostic and/or radiotherapy X-ray apparatus for the purpose of quality assurance. You should be specific about the type of tests you have performed and the type of apparatus you have tested.

### **E Shielding verification of rooms or premises containing X-ray apparatus**

Detail your knowledge and experience in the shielding of diagnostic and/or radiotherapy X-ray apparatus. Specific reference to experience in shielding verification should be included. You should be specific about the type of tests you have performed in relation to shielding verification, and the type of apparatus for which you have verified shielding.

### **F Instrumentation usage**

Describe the type of test instruments you have used, the parameters that you have measured, and the techniques employed when performing quality assurance testing of diagnostic or radiotherapy X-ray apparatus.

### **G Sample test reports**

Include a copy of a sample test report for each type of accreditation being applied for (all reports to include/address all of the information/provisions specified in relevant protocols document/compliance statement). Sample reports should demonstrate comprehension of, and ability to comply with, the relevant testing protocol, published by the EPA. Copies of testing protocols are available upon request.

## Checklist

- Enclosed a copy of relevant professional qualifications
- Enclosed statements against core competencies
- Enclosed copies of sample test reports
- Enclosed a summary of relevant training course(s)
- Enclosed proof of successful completion of accredited course(s)
- Signed and dated this form

## Declaration

I hereby declare that the information provided on this form and in support of this application is to the best of my knowledge complete and true in every particular.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### **PENALTY FOR PROVIDING FALSE INFORMATION: UP TO \$10,000**

**NOTE: This form does not constitute a legal application unless it has been properly completed and signed, and is accompanied by the appropriate fee.**

## Fees

The fees payable are those corresponding to the type of accreditation.

Fee type	Accreditation for tester only	Accreditation for shield verifier only	Accreditation for tester & shield verifier
Application fee (non-refundable)	\$277	\$205	\$347
Accreditation/renewal fee (1 year)	\$64	\$64	\$64
<b>Total fee payable on application</b>	<b>\$341</b>	<b>\$269</b>	<b>\$411</b>

*These fees are applicable for applications lodged after 30 June 2020 and prior to 1 July 2021.  
GST Exempt*

## Lodgement of form

**This form can be lodged by post to:** Environment Protection Authority  
Radiation Protection Branch  
GPO Box 2607, ADELAIDE SA 5001

**Or lodged via fax:** (08) 8124 4671 **Or email:** [radiationprotection@sa.gov.au](mailto:radiationprotection@sa.gov.au)

**Cheques should be made payable to:** Environment Protection Authority

### **For credit card payment please complete the details below**

Cardholder's name \_\_\_\_\_ Visa MasterCard Amex

Card no \_\_\_\_\_

Amount of payment \$ \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

Telephone no \_\_\_\_\_ CVV No (back of card) \_\_\_\_\_ Expiry date \_\_\_\_\_

Credit card payment only accepted within agreed trading terms

**NOTE: The EPA does not have the facility to handle cash payments**

## Enquiries

Radiation Licensing Officer Tel: (08) 8463 7826 Email: [radiationprotection@sa.gov.au](mailto:radiationprotection@sa.gov.au)

Environment Protection Authority

ABN 85 393 411 003

This licence is GST exempt