North Carolina Health and Human Services



Radiation Protection Section

Registration Application for Radon Proficiency Programs

In compliance with Section .1900 of 10A NCAC 15, this form must be completed by all applicants for Radon Proficiency Programs.

1. APPLICATION TYPE
Initial Registration
Amended Registration
Renewal Registration
2. BUSINESS INFORMATION
Name of Radon Proficiency Program:
Phone Number: ()
Website:
Mailing Address:
Physical Address (if different than mailing)
Contact for Individual Completing Form:
Name
Phone
Email
3. <u>AUTHORIZING SIGNATURE</u> :
This person is authorized to register company as a radon proficiency program.
I acknowledge that I am the individual responsible for compliance with 10A NCAC 15 .1900 and I have submitted complete and accurate information to the best of my knowledge.
Name of Company or Corporate Office
Title of Corporate Officer
Signature
Date

PLEASE SUBMIT ADDITIONAL SUPPORTING INFORMATION AS ATTACHMENTS:

ISO or EPA Approval: Documents establishing compliance and periodic reaccreditation with the international program approval standard through accreditation by a recognized accreditation body or demonstration of current approval by the United States Environmental Protection Agency as a radon proficiency program.

OR SUBMIT:

- 1. Board Members: List of a board members from various private and public sector stakeholders to make decisions regarding curriculum, testing, instructor qualifications, quality assurance and control, continuing education requirements, and procedures for the handling of complaints.
- 2. Minimum training requirements for radon professionals for each type of certification offered.
- 3. Examination requirements for each type of certification.
- 4. Continuing education requirements for each type of certification.
- 5. Instructor names and qualifications demonstrating relevant knowledge and experience.