



e-form

# RPB - Qualified Expert Re-Approval Application



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*In compliance with Nuclear Safety and Radiation Protection Regulations 2003, LN 44 of 2003*

## Personal Details

Home Address

Telephone

Mobile

Email

## Work Details

Company Name

Address

Telephone

Mobile

Email

**Area for which applicant seeks Re-Approval as Proposed Qualified Expert**

<b>Qualified Expert Area</b>	<b>Certificate No.</b>
Diagnostic Radiology	
Radiotherapy	
Nuclear Medicine	
Dentistry	
Veterinary Radiography	
Non-Destructive Testing	
Fixed Gauges and Fixed Screening Devices	
Mobile Gauges and Mobile Screening Devices	
Research with Un-Sealed Sources	
Research with X-Ray Equipment and Sealed Sources	
Other Application	

**Requirement 2: Continued Active Employment**

A Qualified Expert needs enough experience in the practice area that the individual is approved for.

Such employment must have covered the minimum number of years outlined in the information document (QE/INF/1) and must be related to radiation work.

**List the total number of months of active employment in a radiation related area by adding all the months in active employment claimed in the positions below**

**Months**

## Summary of Work Engagements

Use this page and the following page as necessary to document your continuing active employment. This can also include any part time work. For each engagement, you are required to name and individual who can supply verification of occupational activities and has knowledge of your job functions. *Note: For part time work, 1 month is equivalent to 170hrs*

### Position No 1

#### Dates of Employment

Start Date

End Date

Total Time (Months)

Facility Name

Facility Address

Employer Contact Name

Employer Telephone

Provide a summary of the work performed during this engagement

### Position No 2

#### Dates of Employment

Start Date

End Date

Total Time (Months)

Facility Name

Facility Address

**Employer Contact Name**

**Employer Telephone**

**Provide a summary of the work performed during this engagement**

**Position No 3**

**Dates of Employment**

**Start Date**

**End Date**

**Total Time (Months)**

**Facility Name**

**Facility Address**

**Employer Contact Name**

**Employer Telephone**

**Provide a summary of the work performed during this engagement**

I hereby attest the foregoing occupational summary record to be a true account of my work experience during the period of my Qualified Expert approval by the RPB. The RPB has my consent to make inquiries as necessary to verify my claimed occupational activities.

## Requirement 2: Renewal Points

The demonstration of an effort to keep up-to-date, contribute to knowledge or maintain continued growth in the areas the individual is approved in, by obtaining the minimum points required in document QE/INF/1, by engaging in one or more of the seven categories below.

Supporting documentation is required for all points claimed. All supporting documentation shall be keyed by section number to the proper section of the application and attached to this application.

### A. Education and Training Courses Completed

- i: Attending and passing a formal examined radiation safety course within the last 5 years.
- ii: Attending a formal radiation safety course within the last 5 years.
- iii: Attending a radiation safety workshop within the last 5 years.
- iv: Following tertiary level education in relevant radiation protection subject within the last 5 years.
- v: Attending a Management related course within the last 3 years.

*Appropriate documentation:*

*Attendance certificates, pass certificates of examination, letters of enrolment etc.*

Notes on filling in the details below:

**Document Number:** The number written down should be marked on the verification document/s supplied

**Training Course:** The name of the training course or workshop

**Document Description:** State what kind of document is being attached eg. Certificate of attendance, examination result etc

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity

Doc No.	Training Course Name	Document Description	No. of Points
A1			
A2			
A3			
A4			
A5			

**Total Points for this Category**

## B. Attendance of Conferences / Seminars / Meetings

- i: Participation in international, national meetings of recognised institutions.
- ii: Lecturing as an invited or keynote speaker.
- iii: Delivering an RP relation presentation.
- iv: Attendance at RP related committee meeting.
- v: Attendance at Management related conference, seminar or symposium within the last 3 years.

*Appropriate documentation:*

*Attendance certificates, verification letters of attendance or other positive evidence of attendance. This must denote the activity title, date, location and content*

Notes on filling in the details below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Name of Conference/Seminar/Meeting:** The name of the conference, seminar or meeting attended.

**Document Description:** State what kind of document is being attached eg. Certificate of attendance etc.

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

<b>Doc No.</b>	<b>Name of Conference/Seminar/Meeting</b>	<b>Document Description</b>	<b>No. of Points</b>
B1			
B2			
B3			
B4			
B5			

**Total Points for this Category**

## C. Technical or Scientific Publications and/or Papers

- i: Article in a professional review.
- ii: Article in a non-professional review/magazine/newspaper.
- iii: Paper for Government or National Advisory body.

*Note:*

*Professional review means official journals of national or international technical/scientific societies. Co-authoring entitles the individual to a percentage of the points, depending on the number of authors.*

*Appropriate documentation:*

*The first page of the article or paper is adequate, provided that the title, the author(s), name(s) and the name and date of the publication appear.*

Notes on filling in the details below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Paper:** Title of the printed article or paper

**Document Description:** State what kind of document is being attached eg. Article or paper

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

Doc No.	Technical or Scientific Publications and/or Paper	Document Description	No. of Points
C1			
C2			
C3			
C4			
C5			

**Total Points for this Category**

## D. Technical and Professional Service

- i: Membership of radiation related body, committee, working group or official sub-committees.
- ii: Membership of scientific or management committee of other professional, Governmental or international bodies.

*Appropriate documentation:*

*Official membership certificate, letters of appointment etc.*

Notes on filling in the details below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Title:** Title of the body, organisation, working group, sub-committee etc.

**Document Description:** State what kind of document is being attached eg. letter of appointment

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

<b>Doc No.</b>	<b>Title (Technical &amp; Professional Services)</b>	<b>Document Description</b>	<b>No. of Points</b>
D1			
D2			
D3			
D4			
D5			

**Total Points for this Category**



## E. Self Development

i: Worked on non RP related self development that is felt to be relevant to CPD which is not covered in other categories.

ii: Structured private study in Training skills, computer skills, public speaking and communication skills.

*Appropriate documentation:*

*Documented proof of attendance of courses or other activities that will help the individual to improve self development, including membership of other non RP related bodies. the RPB will decide on the eligibility of the activity.*

Notes on filling in the details below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Activity:** Title of the activity (course, organisation body etc.) carried out.

**Document Description:** State what kind of document is being attached

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

<b>Doc No.</b>	<b>Activity (Self Development)</b>	<b>Document Description</b>	<b>No. of Points</b>
E1			
E2			
E3			
E4			
E5			

**Total Points for this Category**

## F. Training, Health and Safety Strategies

- i: Development of Radiation safety strategy or policy that is implemented in an organisation.
- ii: Development of Radiation Safety courses.
- iii: RP related lecturing and/or examiner.
- iv: Other Health and Safety lecturing.

*Appropriate documentation:*

*Verification letters from organisation heads, Radiation safety programs, course outlines including contact hours.*

Notes on filling in the details below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Activity:** Title program, course of the activity performed.

**Document Description:** State what kind of document is being attached eg. Verification letter, etc.

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

Doc No.	Title (Training, Health and Safety Strategies)	Document Description	No. of Points
F1			
F2			
F3			
F4			
F5			

**Total Points for this Category**

## G. Other Activities

- i: Proven provision of radiological advice.
- ii: Assessing RP related emergency exercises (Initial per employer).
- iii: Assessing RP related emergency exercises (subsequent).
- iv: Performing other emergency exercises.
- v: Performing RP Risk Assessment (Initial, per practice area).
- vi: Performing RP Risk Assessment (subsequent).
- vii: Direct responsibility of Radiation Protection at a facility.

*Appropriate documentation:*

*Verification letter from employer, the first page of the risk assessment is adequate, provided that the title, author(s), organisation's name and date appear.*

Notes on filling in the details below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Activity:** Title of the activity performed, eg. Advice, RP emergency exercise, RP risk assessment etc.

**Document Description:** State what kind of document is being attached eg. Risk Assessment, log book copy etc.

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

Doc No.	Activity	Document Description	No. of Points
G1			
G2			
G3			
G4			
G5			

**Total Points for this Category**

## Documented Evidence attached to this Application

Section	Total No. of Documents	Total No. of Sheets
A		
B		
C		
D		
E		
F		
G		

## Declaration of the Authorised or Responsible Person I certify that the information provided in this form is correct.

Name and Surname

ID Card

Position

Telephone

Mobile

Email

Signature

Date

The Radiation Protection Board will process your data in accordance with the principles of the Data Protection Act. We will not release any information held about you to third parties except where necessary for the fulfilment of this application. We may process your address, telephone or email details to contact you in connection with this application. Completion and submission of this application form signifies your consent to the processing of this data. Please contact us if you would like us to inform you about the personal data we hold about you or if you require such data to be corrected.

*Note: Successful candidates will be given the opportunity to have their name included on a list of Approved Qualified Expert which will be made available on the OHSA website against an administrative fee.*

Send completed form to Radiation Protection Board (email: [rpb.ohsa@gov.mt](mailto:rpb.ohsa@gov.mt))

## APPENDIX 1

The list below outlines seven (7) different activities that, if carried out, will award points towards the Continuing Professional Development of an individual aspiring as a Qualified Expert or for subsequent re-approval. An individual will have to meet the number of point required for each practice as listed in document EQ/INF/1.

An individual approved as a Qualified Expert in one (1) area of practice and who wishes to become approved in another area can use the number of points acquired in the approved practice area towards her/his application in another practice area. Similarly, an individual applying for multi practice area, will only need the number of points of that practice area that carries the maximum number of CPD points.

<b>A. Education and Training Courses Completed</b>	<b>Max per Activity</b>	<b>Max per year</b>	<b>Max per 3 years</b>
<b>i:</b> Attending and passing a formal examined radiation safety course within the last 5 years (per hour)	2	30	60
<b>ii:</b> Attending a formal radiation safety course within the last 5 years (per hour)	1	15	30
<b>iii:</b> Attendance at a radiation safety workshop within the last 5 years (per hour)	1	15	30
<b>iv:</b> Following tertiary level education in relevant radiation protection subject within the last 5 years (per month)	1	10	30
<b>v:</b> Attendance at Management related course within the last 3 years (per week)	1	5	10
<b>B: Attendance at Conferences / Seminars / Meetings</b>	<b>Max per Activity</b>	<b>Max per year</b>	<b>Max per 3 years</b>
<b>i:</b> Attendance in international, national meetings of recognised institutions (per hour)	1	20	50
<b>ii:</b> Lecturing an an invited or keynote speaker (per 1/2 hour)	1	5	15
<b>iii:</b> Delivering an RP related presentation (per 1/2 hour)	1	5	15
<b>iv:</b> Attendance at RP related committee meeting (per hour)	1	3	10
<b>v:</b> Attendance at Management related conference, seminar or symposium within the last 3 years (per activity)	1	3	10
<b>C: Technical and/or Scientific Publications</b>	<b>Max per Activity</b>	<b>Max per year</b>	<b>Max per 3 years</b>
<b>i:</b> Article in a professional review (per article)	8	8	16
<b>ii:</b> Article in a non-professional review/magazine/newspaper (per article)	2	2	4
<b>iii:</b> Paper for government or national advisory body (per paper submitted)	4	4	12

<b>D: Technical and Professional Service</b>	<b>Max per Activity</b>	<b>Max per year</b>	<b>Max per 3 years</b>
i: Membership of radiation related body, committee, working group or official sub-committees (per year)	5	5	10
ii: Membership of scientific or management committee of other professional, governmental or international bodies	5	5	10
<b>E: Self Development</b>	<b>Max per Activity</b>	<b>Max per year</b>	<b>Max per 3 years</b>
i: Work on non RP related self development that is felt to be relevant to CPD which is not covered in other categories (per submission)	10	10	20
ii: Structured private study in Training skills, computer skills, public speaking and communication skills (per 2 hours)	1	20	60
<b>F: Training: Health and Safety Strategies</b>	<b>Max per Activity</b>	<b>Max per year</b>	<b>Max per 3 years</b>
i: Development of Radiation safety strategy or policy that is implemented in an organisation (per submission)	10	30	40
ii: Development of Radiation Safety Course (per hour)	1	---	20
iii: RP related lecturing and/or examiner (per 2 hours)	2	20	60
iv: Other Health and Safety lecturing (per 2 hours)	1	15	30
<b>G: Other Activities</b>	<b>Max per Activity</b>	<b>Max per year</b>	<b>Max per 3 years</b>
i: Proven provision of radiological advice (per hour)	1	10	20
ii: Assessing RP related emergency exercises (Initial per employee)	5	10	20
iii: Assessing RP related emergency exercises (subsequent)	2	---	20
iv: Performing other emergency exercises	1	---	15
v: Performing RP Risk Assessment (Initial, per practice area)	5	10	20
vi: Performing RP Risk Assessment (subsequent)	2	---	10
vii: Direct responsibility of Radiation Protection at a facility	10	10	30