



**Radiation Protection Adviser (RPA)
Re-approval form**

May 2022

Individuals seeking re-approval as an RPA should apply to the EPA prior to the expiry date of their current approval. Where the EPA is satisfied that the RPA has maintained and kept their radiation protection knowledge up to date, that individuals RPA approval will be extended for a further 5 years and a new RPA certificate issued. The name of approved RPA's and the expiry date of their approval will be listed on the EPA website.

Re-approval fee

The fee associated with making an application for re-approval is €320. This fee is non-refundable in the event that an application for re-approval is unsuccessful.

Instructions for the Applicant:

- Complete Parts 1-6 and if appropriate Part 4 of this Application Form.
- Preferably take a copy of ***all the material*** that you are sending to EPA, since none will normally be returned to you.
- Send the completed form together with your CPD spreadsheet and summary document to: RadRegulatory@epa.ie

Queries may be addressed to :

**Radiological Protection Regulation,
Office of Environmental Enforcement,
McCumiskey House,
Richview,
Clonskeagh Road,
Dublin 14,
D14 YR62**

Tel : +353 1 2680100

Email: orpedensupport@epa.ie

Part 1. Applicant Details

Surname:	Title:	Other names:		
Business address:		Tel. No:		Mobile No:
		Email:		
Address for correspondence:		Tel. No.		Mobile No:
		Email:		

Part 2. Qualifications and Professional/Learned Societies

2.1. Current Membership of Professional and Learned Societies

Society	Membership Type	Years

Part 3. Professional Record

3.1. Positions of Employment. List positions for previous 5 years.

From	To	Employer	Position	Grade
	Present			

3.2. Job Description of Present Post, and if in present post less than 2 years please also include description of previous post. ***(Please detail relevant experience and responsibilities with regard to radiation protection including an organogram which should clearly outline your role within the organisation in terms of radiation protection and governance)*** You should include an estimate of your total time spent on work related to radiation protection.

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Part 4. List of RPAs available for consultation

Please complete this Part of the Application Form if you want to have your name and contact details listed as a RPA available for consultation on the EPA website.

How you wish your name to appear on this list:	
The contact address to appear on this list:	
The contact telephone number to appear on this list:	
The contact email address to appear on this list:	

Part 5: Self Declaration

Radiation Protection Advisers must:

- Recognise their area(s) of competence
- Only provide advice on matters within their area(s) of competence
- Stay up to date with scientific and technical literature, regulations and professional standards relevant to radiation protection.

I certify that all the information associated with this application is complete and correct to the best of my knowledge. I understand that any falsification in this application will be grounds for rejection, or later revocation of any approval issued. I understand that the EPA may request further evidence and I agree to supply such evidence within the specified timeframe. If I am registered as an RPA at any level, I understand that I will be required to maintain the registration according to the conditions set by the EPA. I accept that the EPA may remove my name from the register where they are of the view that I no longer meet the approval criteria in accordance with Regulation 79 (1) (c) of IRR19.

Signature of Applicant: _____

Part 6: Application Checklist

I certify that my re-approval application has been compiled in accordance with the EPA Guidance for RPA Applications and that the following items are included:

✓	Essential items
	Completed Application Form Part 1-6
	CPD Spreadsheet completed
	A summary report , not exceeding 1500 words in length, detailing the major items of radiation protection advice given in the past 5 years

- I acknowledge that failure to comply completely with this statement could mean that my application is returned for modification, without being submitted for assessment.
- I certify that the information given by me in this Application is correct.
- I understand that my application will **not** normally be returned.
- **FEE:** Using the bank details below, please transfer the fee of €320 in support of this application, quoting your name as a Reference description.

Signature of Applicant: _____

Date: _____

EPA Bank Details

Bank Name	Allied Irish Bank,
Bank Address	North Main Street , Wexford
Bank Account Name	Environmental Protection Agency
Bank Account Number	23507098
Sort Code/Bank Key /ABA Code	933341
IBAN	IE23 AIBK 933341 23507098
SWIFT CODE	AIBKIE2D
Currency of Payments	Euro