I hereby certify that for:

A. Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging and Radiation Therapy Facilities;

1. I have been retained by the aforementioned facility, to provide medical physics services, in conjunction with the construction documents prepared by a NYS Licensed Architect/Engineer.

2. I have exercised due diligence and, to the best of my knowledge, information and belief, the radiation protection designed and specified for the above-referenced project is in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2 including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities and that the radiation exposure to the public and staff is designed to be as low as is reasonably achievable (ALARA), based on the work load provided to me by the facility for the proposed equipment and sound radiation protection principles.

3. Further, I agree to ensure that a current report detailing the extent of the radiation protection by the facility and the design of the protection systems will be made available to the Regional Office staff of the NYS Department of Health during the final inspection of the facility. I have informed the applicant that such report must be maintained on site as a permanent record.

B. Magnetic Resonance Imaging (MRI) Facilities, Interventional and Intraoperative MRI (I-MRI) Facilities;

1. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief the MRI magnetic shielding and radio frequency shielding as designed and specified are in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR
2. I have reviewed the manufacturer’s certifications accompanying all relevant equipment to ensure that such certifications satisfy all the requirements for patient, operator, and public safety.

3. I agree to submit an Architectural floor plan identifying the proposed MRI location, delineating all areas of the room and including the 5 Gauss line in three-dimensional planes, demonstrating that the electromagnetic and radio frequency environment is appropriate for the locations indicated are being submitted simultaneously with this Letter of Certification.

C. Description (Circle applicable facility type):
Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging, Radiation Therapy Facilities, Proton Therapy, Nuclear Medicine, Magnetic Resonance Imaging (MRI) Facilities

__________________________________________________________
Signature of Medical Physicist

__________________________________________________________
Name of Medical Physicist (Print)

__________________________________________________________
Business Address

__________________________________________________________
Business Telephone

The undersigned applicant understands and agrees that, notwithstanding this Medical Physicist certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

__________________________________________________________
Authorized Signature for Applicant

_________________________              ________________________________________
Date                                      Name (Print)  Title

Notary signing required for the applicant

__________________________________________________________

STATE OF NEW YORK

On the ___ day of ________20__, before me personally appeared _______________________, to me known, who being by me duly sworn, did depose and say that he/she resides at _______________________, that he/she is the ___________________________ of the ___________________________, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) ___________________________________________________________