NORTH CAROLINA REGISTER

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Contact List for Rulemaking Questions or Concerns

For questions or concerns regarding the Administrative Procedure Act or any of its components, consult with the agencies below. The bolded headings are typical issues which the given agency can address but are not inclusive.

Rule Notices, Filings, Register, Deadlines, Copies of Proposed Rules, etc.

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Raleigh, North Carolina 27603-8005
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215 North Dawson Street
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NORTH CAROLINA REGISTER

Publication Schedule for January 2025 – December 2025

FILING DEADLINES			NOTICE OF TEXT		PERMANENT RULE			TEMPORARY RULES
Volume & issue number	Issue date	Last day for filing	Earliest date for public hearing	End of required comment Period	Deadline to submit to RRC for review at next meeting	RRC Meeting Date	Earliest Eff. Date of Permanent Rule	270th day from publication in the Register
39:13	01/02/25	12/06/24	01/17/25	03/03/25	03/20/25	04/24/2025	05/01/25	09/29/25
39:14	01/15/25	12/19/24	01/30/25	03/17/25	03/20/25	04/24/2025	05/01/25	10/12/25
39:15	02/03/25	01/10/25	02/18/25	04/04/25	04/20/25	05/29/2025	06/01/25	10/31/25
39:16	02/17/25	01/27/25	03/04/25	04/21/25	05/20/25	06/26/2025	07/01/25	11/14/25
39:17	03/03/25	02/10/25	03/18/25	05/02/25	05/20/25	06/26/2025	07/01/25	11/28/25
39:18	03/17/25	02/24/25	04/01/25	05/16/25	05/20/25	06/26/2025	07/01/25	12/12/25
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40:11	12/01/25	11/05/25	12/16/25	01/30/26	02/20/26	03/26/2026	04/01/26	08/28/26
40:12	12/15/25	11/20/25	12/30/25	02/13/26	02/20/26	03/26/2026	04/01/26	09/11/26

EXPLANATION OF THE PUBLICATION SCHEDULE

This Publication Schedule is prepared by the Office of Administrative Hearings as a public service and the computation of time periods are not to be deemed binding or controlling. Time is computed according to 26 NCAC 2C .0302 and the Rules of Civil Procedure, Rule 6.

GENERAL

The North Carolina Register shall be published twice a month and contains the following information submitted for publication by a state agency:

(1) temporary rules;
(2) text of proposed rules;
(3) text of permanent rules approved by the Rules Review Commission;
(4) emergency rules
(5) Executive Orders of the Governor;
(6) final decision letters from the U.S. Attorney General concerning changes in laws affecting voting in a jurisdiction subject of Section 5 of the Voting Rights Act of 1965, as required by G.S. 120-30.9H; and
(7) other information the Codifier of Rules determines to be helpful to the public.

COMPUTING TIME: In computing time in the schedule, the day of publication of the North Carolina Register is not included. The last day of the period so computed is included, unless it is a Saturday, Sunday, or State holiday, in which event the period runs until the preceding day which is not a Saturday, Sunday, or State holiday.

FILING DEADLINES

ISSUE DATE: The Register is published on the first and fifteen of each month if the first or fifteenth of the month is not a Saturday, Sunday, or State holiday for employees mandated by the State Human Resources Commission. If the first or fifteenth of any month is a Saturday, Sunday, or a holiday for State employees, the North Carolina Register issue for that day will be published on the day of that month after the first or fifteenth that is not a Saturday, Sunday, or holiday for State employees.

LAST DAY FOR FILING: The last day for filing for any issue is 15 days before the issue date excluding Saturdays, Sundays, and holidays for State employees.

NOTICE OF TEXT

EARLIEST DATE FOR PUBLIC HEARING: The hearing date shall be at least 15 days but not later than 60 days after the date a notice of the hearing is published.

END OF REQUIRED COMMENT PERIOD An agency shall accept comments on the text of a proposed rule for at least 60 days after the text is published.

DEADLINE TO SUBMIT TO THE RULES REVIEW COMMISSION: The Commission shall review a rule submitted to it on or before the twentieth of a month by the last day of the next month.

State of North Carolina

JOSH STEIN
GOVERNOR

September 27, 2025

EXECUTIVE ORDER NO. 26

DECLARATION OF A STATE OF EMERGENCY AND TEMPORARY WAIVER AND SUSPENSION OF MOTOR VEHICLE REGULATIONS

WHEREAS, it is anticipated that Tropical Depression Nine will likely cause significant impacts to the State of North Carolina; and

WHEREAS, Tropical Depression Nine could have a significant impact on public and private property and could seriously disrupt essential utility services and systems; and

WHEREAS, the anticipated impacts from Tropical Depression Nine constitute a state of emergency as defined in N.C. Gen. Stat. §§ 166A-19.3(6) and 166A-19.3(20); and

WHEREAS, certain measures are necessary to ensure the protection and safety of North Carolina residents and to coordinate the emergency response among state and local entities and officials; and

WHEREAS, N.C. Gen. Stat. § 166A-19.1(3) provides that it is the responsibility of the Governor, state agencies, and local governments to "[p]rovide for the rapid and orderly rehabilitation of persons and restoration of property"; and

WHEREAS, N.C. Gen. Stat. § 166A-19.1(4) provides that it is the responsibility of the Governor, state agencies, and local governments to "[p]rovide for cooperation and coordination of activities relating to emergency mitigation, preparedness, response, and recovery among agencies and officials of this state and with similar agencies and officials of other states, with local and federal governments, with interstate organizations, and with other private and quasi-official organizations"; and

WHEREAS, N.C. Gen. Stat. §§ 166A-19.10 and 166A-19.20 authorize the Governor to declare a state of emergency and exercise the powers and duties set forth therein to direct and aid in the response to, recovery from, and mitigation against emergencies; and

WHEREAS, Tropical Depression Nine will create a statewide emergency area, as that term is defined in the Emergency Management Act to mean an "emergency area applicable to two-thirds or more of the counties in this State"; and

WHEREAS, the Governor has sought and obtained the Concurrence of the Council of State, as that term is defined in N.C. Gen. Stat. § 166A-19.3(2d), in the declaration of the State of Emergency for the emergency area identified herein; and

WHEREAS, N.C. Gen. Stat. § 166A-19.10(3) authorizes the Governor to delegate any gubernatorial authority vested in him under the Emergency Management Act, and to provide for the subdelegation of that authority; and

WHEREAS, under N.C. Gen. Stat. § 166A-19.30(b)(3) the Governor, with the concurrence of the Council of State, may regulate and control the flow of vehicular traffic and the operation of transportation services; and

WHEREAS, under N.C. Gen. Stat. § 166A-19.30(b)(4), the Governor, with the concurrence of the Council of State, may waive a provision of any regulation or ordinance of a state agency which restricts the immediate relief of human suffering; and

WHEREAS, the anticipated impacts from Tropical Depression Nine may result in extensive damage, including widespread power outages throughout the state that will require the vehicles bearing equipment and supplies for utility restoration and debris removal to be moved through North Carolina on the interstate and intrastate highways; and

WHEREAS, the uninterrupted supply of electricity, fuel oil, diesel oil, gasoline, kerosene, propane, liquid petroleum gas, food, water, and medical supplies to residential and commercial establishments is essential before, during, and after Tropical Depression Nine, and any interruption in the delivery of those commodities threatens the public welfare; and

WHEREAS, the prompt restoration of utility services is essential to the safety and well-being of the State's residents; and

WHEREAS, the Governor has found that residents may suffer losses and further widespread damage within the meaning of N.C. Gen. Stat. §§ 166A-19.3 and 166A-19.21(b); and

WHEREAS, 49 C.F.R. § 390.23 allows the Governor of a State to suspend the rules and regulations under 49 C.F.R. Part 390 if the Governor determines that an emergency condition exists; and

WHEREAS, nothing contained in this declaration shall be construed as an exemption from the controlled substances and alcohol use and testing requirements (49 C.F.R. Part 382), the commercial driver's license requirements (49 C.F.R. Part 383), the financial responsibility (insurance) requirements (49 C.F.R. Part 387), operating authority (49 C.F.R. Part 365), applicable size and weight requirements, ill or fatigued operator (49 C.F.R. Part 392.3) or any other portion of the regulations not specifically identified; and

WHEREAS, pursuant to N.C. Gen. Stat. § 166A-19.70(g), upon the recommendation of the North Carolina Commissioner of Agriculture and the existence of an imminent threat of severe economic loss of livestock, poultry, or crops ready to be harvested, the Governor shall direct the North Carolina State Highway Patrol ("NCSHP") to temporarily suspend weighing vehicles used to transport livestock, poultry or crops ready to be harvested; and

WHEREAS, this suspension does not permit the gross weight of any vehicle or combination to exceed the safe load carrying capacity established by the North Carolina Department of Transportation ("DOT") on any bridge pursuant to N.C. Gen. Stat. § 136-72, or to permit the operation of a vehicle when a law enforcement officer has probable cause to believe the vehicle is creating an imminent hazard to public safety; and

WHEREAS, pursuant to N.C. Gen. Stat. § 166A-19.70, the Governor may declare that the health, safety, or economic well-being of persons or property requires that the maximum hours of service for drivers prescribed by N.C. Gen. Stat. § 20-381 should be waived for (1) persons transporting essential fuels, food, water, non-alcoholic beverages, medical supplies, feed for livestock and poultry; (2) persons transporting livestock, poultry, and crops ready to be harvested; and (3) vehicles used in the restoration of utility and transportation services; and

WHEREAS, the Governor has sought and obtained Concurrence from the Council of State, as that term is defined in N.C. Gen. Stat. § 166A-19.3(2d) on the provisions of this Executive Order requiring concurrence; and

WHEREAS, the Governor has documented the contact and response of each Council of State member and has released the concurrence, non-concurrence, or non-response of each member by position on the website on which this Executive Order is published.

NOW, THEREFORE, pursuant to the authority vested in me as Governor by the Constitution and the laws of the State of North Carolina, **IT IS ORDERED:**

Section 1.

I hereby declare that a statewide state of emergency, as defined in N.C. Gen. Stat. §§ 166A-19.3(6) and 166A-19.3(20) exist in the State of North Carolina due to the anticipated impacts from Tropical Depression Nine.

For purposes of this Executive Order, the emergency area is the entire State of North Carolina ("the Emergency Area").

Section 2.

I order all state and local government entities and agencies to cooperate in the implementation of the provisions of this declaration and the provisions of the North Carolina Emergency Operations Plan ("the Plan").

Section 3.

I delegate to the Secretary of the North Carolina Department of Public Safety ("DPS"), or his or her designee, all power and authority granted to and required of me by Article 1A of Chapter 166A of the North Carolina General Statutes to implement the Plan and deploy the State Emergency Response Team to take the appropriate actions necessary to promote and secure the safety and protection of the populace in North Carolina.

Section 4.

The Secretary of DPS ("Secretary"), as the Chief Coordinating Officer for the State of North Carolina, shall exercise the powers prescribed in N.C. Gen. Stat. § 143B-602.

Section 5.

I further direct the Secretary, or his or her designee, to seek assistance from any and all agencies of the United States Government as may be needed to meet the emergency and to seek reimbursement for costs incurred by the state in responding to this emergency.

Section 6.

The Commander of the NCSHP ("Commander"), in conjunction with the North Carolina Department of Transportation ("DOT"), shall waive the maximum hours of service for drivers prescribed pursuant to N.C. Gen. Stat. § 20-381. In addition, NCSHP shall, pursuant to N.C. Gen. Stat. § 166A-19.70(g), temporarily suspend weighing pursuant to N.C. Gen. Stat. § 20-118.1 vehicles used to transport livestock, poultry, livestock or poultry feed, or crops ready to be harvested.

Section 7.

With the Concurrence of the Council of State, and subject to Section 8 below, the Commander, in conjunction with DOT, shall waive enforcement of specific size and weight restrictions and penalties arising under N.C. Gen. Stat. §§ 20-116, 20-118, and 20-119, specific registration requirements and penalties arising under N.C. Gen. Stat. §§ 20-86.1 and 20-382, and certain registration and filing requirements and penalties arising under N.C. Gen. Stat. §§ 105-449.45, 105-449.47, and 105-449.49 for vehicles supporting emergency equipment, services, and supplies in the Emergency Area.

Section 8.

Notwithstanding the waivers set forth above, size and weight restrictions and penalties, the following conditions apply:

a. Commercial vehicles operating outside the normal weight, height, and length restrictions under the authority of this State of Emergency shall be issued special permits by the DOT. Said vehicles shall be subject to any special conditions DOT and NCSHP may list on applicable permits. Nothing in this Executive Order shall be construed to allow any vehicle to exceed weight limits posted for bridges and like structures, nor shall anything in this Executive Order be construed to relieve compliance with restrictions other than those specified in this Executive Order or from any statute, rule, order, or other legal requirement not specifically waived herein.

b. Oversize permits may be issued by the DOT, Oversize/Overweight Unit, during regular business hours, Monday through Friday, by calling 1-888-221-8166 or contacting them through the online portal at https://connect.ncdot.gov/business/trucking/Pages/overpermits.aspx.

Section 9.

With Council of State Concurrence, vehicles referenced under Sections 7 and 8 of this Executive Order shall be exempt from the following registration requirements, except where otherwise noted below:

a. The requirement to obtain a temporary trip permit in N.C. Gen. Stat. § 105-449.49.
b. The requirement of filing a quarterly fuel tax return.
c. The registration requirements under N.C. Gen. Stat. §§ 20-382.1 and 20-382 concerning interstate for-hire authority; however, vehicles shall maintain the required limits of insurance as required.
d. Non-participants in North Carolina's International Registration Plan and International Fuel Tax Agreement will be permitted to enter North Carolina in accordance with the exemptions identified by this Executive Order.

Section 10.

The size and weight exemption for vehicles will be allowed on all DOT-designated routes, except those routes designated as light traffic roads under N.C. Gen. Stat. § 20-118. Size and weight exemptions shall not be in effect on bridges posted pursuant to N.C. Gen. Stat. § 136-72.

Section 11.

Pursuant to 49 C.F.R. § 390.23, I hereby waive 49 C.F.R. § 395.3 for vehicles transporting that are for use in (1) providing direct assistance supporting emergency relief efforts, including transporting essential fuels, food, water, non-alcoholic beverages, medical supplies, feed for livestock and poultry, (2) transporting livestock, poultry, and crops ready to be harvested, or (3) the restoration of utility and transportation services in response to Tropical Depression Nine in North Carolina and the affected states for fourteen (14) days.

Upon request by law enforcement officers, exempted vehicles must produce documentation sufficient to establish that their loads are for use in providing direct assistance supporting emergency relief efforts, including transporting (1) providing direct assistance supporting emergency relief efforts including transporting essential fuels, food, water, non-alcoholic beverages, medical supplies, feed for livestock and poultry, (2) transporting livestock, poultry, and crops ready to be harvested, or (3) the restoration of utility and transportation services in response to Tropical Depression Nine.

Direct assistance terminates when a driver or commercial motor vehicle is used in intrastate/interstate commerce to transport cargo or provide services that are not in support of emergency relief efforts related to Tropical Depression Nine in North Carolina, or when the motor carrier dispatches a driver or commercial motor vehicle to another location to begin operations in commerce. (49 C.F.R. § 390.23(b)).

Upon termination of direct assistance to emergency relief efforts related to transporting (1) providing direct assistance supporting emergency relief efforts including transporting essential fuels, food, water, non-alcoholic beverages, medical supplies, feed for livestock and poultry, (2) transporting livestock, poultry, and crops ready to be harvested, or (3) the restoration of utility and transportation services in response to Tropical Depression Nine in North Carolina or affected states, the motor carrier and driver are subject to the requirements of 49 C.F.R. § 395.3, except that a driver may return empty to the motor carrier's terminal or the driver's normal work reporting location without complying with 49 C.F.R. § 395.3. When a driver is moving from emergency relief efforts to normal operations, a 10-hour break is required if the total time a driver operated, whether conducting emergency relief efforts or a combination of emergency relief efforts and normal operations, equals or exceeds fourteen (14) hours.

Section 12.

NCSHP shall enforce the conditions set forth in Sections 6 through 11 of this Executive Order in a manner that does not endanger North Carolina motorists.

Section 13.

This Executive Order does not prohibit or restrict lawfully possessed firearms or ammunition or impose any limitation on the consumption, transportation, sale, or purchase of alcoholic beverages.

Section 14.

Pursuant to N.C. Gen. Stat. § 166A-19.23, this declaration triggers the prohibition against excessive pricing as provided in N.C. Gen. Stat. §§ 75-37 and 75-38 in the Emergency Area.

Section 15.

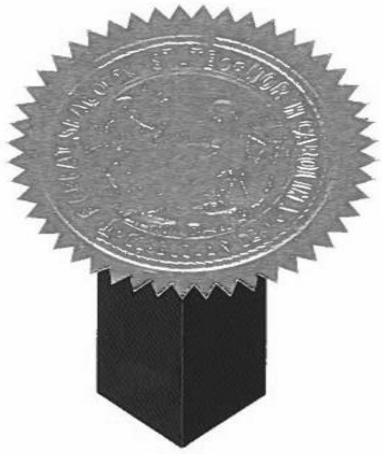
This Executive Order is effective immediately. Section 11 of this Executive Order shall remain in effect for fourteen (14) days. The remainder of this Executive Order shall remain in effect for thirty (30) days, unless modified, superseded, or rescinded.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 27th day of September in the year of our Lord two thousand and twenty-five.

Josh Stein
Governor

ATTEST:

Elaine F. Marshall
Secretary of State



State of North Carolina

JOSH STEIN
GOVERNOR

September 30, 2025

EXECUTIVE ORDER NO. 27

AMENDING AND EXTENDING THE GOVERNOR'S ADVISORY COUNCIL ON LATINO AFFAIRS

WHEREAS, the Governor is committed to creating a safer, stronger North Carolina by convening community and state government leaders to invest in public education, create economic opportunity, ensure public safety, and uphold our shared values of freedom and opportunity for all; and

WHEREAS, the Latino community plays a vital role in the fabric of North Carolina, embodying the spirit of North Carolina Strong through resilience, innovation, and contributions that strengthen our state every day; and

WHEREAS, the Latino population contributes to the economic development and progress of the state by working in myriad industries, establishing small businesses, enriching North Carolina's cultural fabric, and actively participating in civic, educational, health, military and public service, STEM, and community affairs, while also demonstrating innovation and leadership across sectors, and in public and private institutions; and

WHEREAS, many unique matters impact North Carolina's Latino population, including the advancement of opportunities and the removal of barriers, as they contribute to the state's growth and prosperity; and

WHEREAS, the state should promote collaboration and effective planning and delivery of services among state agencies that serve the Latino population in partnership and communication with individuals from a wide range of backgrounds and organizations; and

WHEREAS, Executive Order No. 136, which was issued on September 2, 1998, first established the Governor's Advisory Council on Hispanic/Latino Affairs; and

WHEREAS, since its inception in 1998, the Advisory Council has subsequently been extended or reestablished by executive orders issued by previous Governors; and

WHEREAS, the most recent Executive Order, Exec. Order No. 235, 36 N.C. Reg. 634-636 (Nov. 1, 2021), directing the continuation of the important work of the Advisory Council expires on October 4, 2025.

NOW, THEREFORE, by the authority vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED:**

Section 1. Extending Executive Order No. 235

The Governor's Advisory Council on Latino Affairs ("Advisory Council" or "Council") is hereby extended as modified below.

Section 2. Membership

The Advisory Council shall consist of a maximum of thirty (30) members appointed by the Governor. Members should represent a variety of backgrounds, experiences, economic sectors, and geographic areas of North Carolina. Council members shall serve a term of two (2) years and may be reappointed to successive terms. Vacancies shall be filled by the Governor and members appointed to fill vacancies shall serve for the remainder of the unexpired term. Council members serve at the pleasure of the Governor. The Governor shall appoint a state employee as the Governor's Designee. The Governor shall appoint two (2) Co-Chairs and one (1) Secretary from among the members.

In addition to the voting members, the North Carolina Department of Administration ("DOA"), with the support of the Governor's Designee, shall designate deemed appropriate representatives from cabinet agencies and Council of State departments to serve as liaisons in support of the Advisory Council.

The Advisory Council shall encourage the continued engagement of former members ("alumni") who have previously contributed to its mission. Alumni may be invited to participate in public meetings, offer insights drawn from their service, and provide mentorship to current or incoming members, thereby supporting continuity and institutional knowledge. To foster future leadership, the Advisory Council shall also identify and engage potential new members, including young professionals and community advocates, by inviting them to attend meetings, observe deliberations, and participate in select committee activities.

Section 3. Meetings

The Advisory Council shall meet quarterly or upon the call of DOA, the Governor, or the Co-Chairs.

The agenda for Advisory Council meetings shall be set by DOA and the Governor's Designee, with the support of the Co-Chairs.

DOA, in coordination with the Governor's Designee, shall establish the structure, committees, or other working groups aimed at advancing contributions, expanding opportunities, and removing barriers for the Latino community and shall hold meetings as needed, with the support of its leadership to fulfill its responsibilities.

Advisory Council members shall participate actively during quarterly meetings, maintain consistent attendance, and may not miss more than two (2) consecutive in-person or virtual meetings without prior notice to DOA, the Governor's Designee, and the Co-Chairs.

Section 4. Duties

The Advisory Council shall advise the Governor on matters affecting the Latino population in North Carolina. This includes supporting state efforts to enhance cooperation and understanding, promoting opportunities, identifying challenges, and recommending solutions.

The Advisory Council shall serve as a forum for the discussion of issues and opportunities concerning the Latino community and shall support efforts aimed at improving cross-cultural relations and statewide engagement. The Council shall gather community input through public engagement efforts, such as listening sessions and outreach initiatives, to ensure that its recommendations reflect the needs and interests of Latino residents. The Council shall utilize relevant data and research to inform its priorities and assess the impact of state policies, programs, and services on the Latino population.

The Advisory Council shall submit an annual report to DOA that outlines its activities and accomplishments, identifies persistent barriers and emerging opportunities with the Latino community, and recommends short and long-term statewide policy initiatives to the Governor. DOA and the Governor's Designee shall assist in the design, printing, and dissemination of the Advisory Council's annual report.

The Advisory Council shall perform other duties as directed by DOA or the Governor.

Section 5. Administration

DOA shall serve as staff for the Advisory Council. DOA, with support from the Governor's Designee, shall guide the implementation of feasible recommendations, and provide

all administrative and staff support services required by the Advisory Council. Members shall serve without compensation, but may receive reimbursement, contingent upon the availability of funds, for travel and subsistence in accordance with N.C. Gen. Stat. §§ 138-6 and 120-3.1.

Section 6. Duration

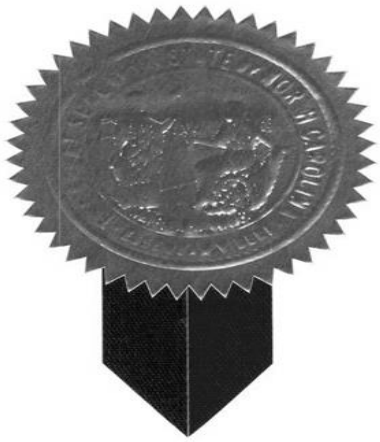
This Executive Order is effective immediately. This Executive Order shall remain in effect until September 30, 2027, pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 30th day of September, in the year of our Lord two thousand and twenty-five.

Josh Stein
Governor

ATTEST:

Timothy L. Crowley
Chief of Staff, Secretary of State



State of North Carolina

JOSH STEIN
GOVERNOR

October 6, 2025

EXECUTIVE ORDER NO. 28

NOTICE OF TERMINATION OF EXECUTIVE ORDER 26

WHEREAS, in late September 2025, the State of North Carolina was threatened by Tropical Depression Nine; and

WHEREAS, Executive Order No. 26, *Declaration of a State of Emergency and Temporary Waiver and Suspension of Motor Vehicle Regulations*, was issued on September 27, 2025; and

WHEREAS, Tropical Depression Nine strengthened to Hurricane Imelda and remained offshore; and

WHEREAS, this emergency declaration and the associated transportation waivers are no longer needed.

NOW, THEREFORE, by the power vested in me as Governor by the Constitution and laws of North Carolina, **IT IS ORDERED:**

Pursuant to N.C. Gen. Stat. § 166A-19.10(b)(2), Executive Order No. 26 is hereby terminated immediately.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 6th day of October in the year of our Lord two thousand and twenty-five.

Josh Stein
Governor

ATTEST:

Elaine F. Marshall
Secretary of State

Note from the Codifier: *The notices published in this Section of the NC Register include the text of proposed rules. The agency must accept written comments on any proposed rules for at least 60 days from the publication date, or until the date of any public hearing, whichever is longer. If the agency adopts a rule that differs substantially from a prior published notice, the agency must publish the text of the proposed different rule and accept comment on the proposed different rule for 60 days.*
Statutory reference: G.S. 150B-21.2.

TITLE 16 – DEPARTMENT OF PUBLIC INSTRUCTION

Notice *is hereby given in accordance with G.S. 150B-21.2 and G.S. 150B-21.3A(c)(2)g. that the State Board of Education intends to adopt the rule cited as 16 NCAC 06G .0317, amend the rules cited as 16 NCAC 06G .0318-.0320, and readopt with substantive changes the rule cited as 16 NCAC 06G .0303.*

Link to agency website pursuant to G.S. 150B-19.1(c): *https://www.dpi.nc.gov/about-dpi/state-board-education/rulemaking--information*

Proposed Effective Date: *March 1, 2026*

Instructions on How to Demand a Public Hearing: *(must be requested in writing within 15 days of notice): Email Ryan Collins, Rulemaking Coordinator, at ryan.collins@dpi.nc.gov.*

Reason for Proposed Action: *Section 115C-105.37B of the General Statutes directs the State Board of Education to adopt rules to allow local boards of education to request a school reform models for low-performing schools under their jurisdiction. Pursuant to that authority, on January 1, 2025, the State Board adopted 16 NCAC 06G .0317, which codifies existing State Board policies governing implementation of these school reform models. The rule governs the content of a local board's request for authorization to adopt a school reform model, the SBE's initial authorization, continuation, or removal of authority to implement that school reform model, and local board reporting requirements while operating under the approved school reform model. If the school is not realizing the desired results, the SBE can remove the local board's authority to operate the school under the school reform model and require the local board to return to "normal" school operations. If a local board has improved student performance in a school operating under a Restart Model and requests to continue operating the school under the Restart Model, the SBE may continue the authorization for another five-year cycle unless the SBE determines that continuing to operate the school under the Restart Model is likely to result in lower indication of growth or achievement scores.*

The State Board now proposes to amend the rule to more accurately outline the requirements for the Restart Model, which to date is the only model for which any LSAUs has requested authorization. To provide clarity and avoid one overly cumbersome rule, the State Board has proposed breaking up Rule 06G .0317 into four smaller rules. The State Board has also proposed to re-adopt Rule 06G .0303 but replace its outdated content with a definitions rule governing the entire Section.

Comments may be submitted to: *Ryan M. Collins, 6301 Mail Service Center, Raleigh, NC 27699-6301; email ryan.collins@dpi.nc.gov*

Comment period ends: *January 2, 2026*

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

☐ **State funds affected**
☐ **Local funds affected**
☐ **Substantial economic impact (>= $1,000,000)**
☐ **Approved by OSBM**
☒ **No fiscal note required**

CHAPTER 06 - ELEMENTARY AND SECONDARY EDUCATION

SUBCHAPTER 06G - EDUCATION AGENCY RELATIONS

16 NCAC 06G .0303 ~~FLEXIBLE FUNDING~~ DEFINITIONS

~~The SBE shall not consider or grant waivers for:~~

- ~~(1) teacher assistants;~~
- ~~(2) matching state funds for federal vocational education;~~
- ~~(3) transportation;~~
- ~~(4) employee benefits, including annual leave and longevity;~~
- ~~(5) Willie M.; and~~
- ~~(6) all federal funds.~~

As used in this Section, the following definitions shall apply:

(1) "Achievement Score" means the overall achievement score as defined in G.S. 115C-83.15(b).
(2) "Assistance team" means an assistance team assigned by the State Board of Education to a low-performing school under G.S. 115C-105.38.
(3) "Continually Low-Performing School" or "CLPS" is defined in G.S. 115C-105.37A(a).
(4) "Education Management Organization" or "EMO" is defined in 16 NCAC 06G .0523.
(5) "Identified student subgroup" means one of the subgroups identified in G.S. 115C-83.15(d1), provided there are at least 30 students served by a school.
(6) "Low-Performing School" is defined in G.S. 115C-105.37(a).
(7) "Restart Model" is defined in G.S. 115C-105.37B(a)(2).
(8) "School Improvement Plan" is defined in G.S. 115C-105.37(a1).
(9) "School Reform Model" means one of the following:
(A) Restart Model
(B) Transformation Model
(C) Turnaround Model
(10) "Transformation Model" is defined in G.S. 115C-105.37B(a)(1).
(11) "Turnaround Model" is defined in G.S. 115C-105.37B(a)(3).

Authority G.S. 115C-83.15; 115C-105.37; 115C-105.37A; 115C-105.37B; 115C-105.38.

16 NCAC 06G .0317 SCHOOL REFORM MODELS

~~(a) Definitions.~~
~~(1) "Academic Gain" means a school has achieved at least two of these benchmarks:~~
~~(A) the SBE has designated that the school meets or exceeds expected growth under G.S. 115C-83.15(f);~~
~~(B) fifty percent of the subgroups for which the SBE reports growth scores under G.S. 115C-83.15(d2) have a status of meets or exceeds expected growth; or~~
~~(C) the school has realized a net increase in its achievement score during any five year cycle under the restart model.~~
~~(2) "Achievement Score" means the overall achievement score as defined in G.S. 115C-83.15(b).~~
~~(3) "Application" means a written request signed by the chair and superintendent of the local school administrative unit (LSAU) to implement a SRM that includes the name of the school to be operated under the SRM, the year in which the LSAU intends to implement the SRM, and a commitment to faithfully implement the Reform Implementation Plan (RIP) proposed for the school.~~
~~(4) "Continually Low Performing School" (CLPS) is defined in G.S. 115C-105.37A(a).~~
~~(5) "Education Management Organization" (EMO) is defined in 16 NCAC 06G .0523.~~
~~(6) "Indication of Growth" means the designation of growth as defined in G.S. 115C-83.15(f).~~
~~(7) "Low Performing School" is defined in G.S. 115C-105.37(a).~~
~~(8) "Restart Model" is defined in G.S. 115C-105.37B(a)(2).~~
~~(9) "School Reform Model" (SRM) means a "transformation model," "restart model," or "turnaround model."~~
~~(10) "Transformation Model" is defined in G.S. 115C-105.37B(a)(1).~~
~~(11) "Turnaround Model" is defined in G.S. 115C-105.37B(a)(3).~~

~~(b) A LSAU that wants to implement a transformation model in a CLPS shall submit to the State Board of Education (SBE) an application and an RIP that:~~
~~(1) describes how the LSAU will implement improvements in the four areas critical to transforming a CLPS listed in G.S. 115C-105.37B(a)(1);~~
~~(2) specifies the goals for increasing the achievement score, growth score, and subgroup growth scores in the school;~~
~~(3) includes a proposed budget detailing the revenues and expenditures necessary to implement the RIP; and~~
~~(4) includes a timeline for implementing the RIP.~~

~~(c) A LSAU that wants to implement a restart model in a CLPS shall submit to the SBE an application and an RIP that:~~
~~(1) describes how the LSAU will support the school in providing each student with the opportunity for a sound basic education;~~
~~(2) specifies the goals for increasing the achievement score, growth score, and subgroup growth scores in the school;~~
~~(3) describes how the LSAU will utilize operational flexibilities to increase academic achievement in the school;~~
~~(4) identifies the administrative barriers, such as teacher turnover, it believes contributed to the school's identification as a CLPS, and sets standards for measuring progress in reducing those barriers;~~
~~(5) states whether the LSAU will contract with an educational management organization ("EMO") to implement the restart model and provide:~~
~~(A) the name, address, email, and telephone number for the EMO;~~
~~(B) the website for the EMO;~~
~~(C) an explanation of how the services of the EMO will contribute to improved~~

growth scores and achievement scores at the school;

(6) includes a proposed budget outlining the revenues and expenditures necessary to implement the RIP;

(7) includes a timeline for implementing the RIP; and

(8) includes a written commitment to implement the restart model for the duration of the five-year monitoring cycle described in paragraph (g) of this Rule.

(d) An LSAU that wants to implement a turnaround model in a CLPS shall submit to the SBE an application and an RIP that:

(1) describes the new governance structure to be implemented in the school;

(2) specifies the goals for increasing the achievement score, growth score, and subgroup growth scores in the school;

(3) describes the procedures that LSAU will use when removing staff, including due process protections where required by law;

(4) includes a proposed budget outlining the revenues and expenditures necessary to implement the RIP; and

(5) includes a timeline for implementing the RIP.

(e) If an LSAU determines that no SRM has been or would be effective in removing the CLPS designation or otherwise concludes that closure of the CLPS is appropriate, it may close the school in accordance with G.S. 115C-72.

(a) A local school administrative unit that wants to implement a school reform model in a continually low-performing school shall follow the provisions of 16 NCAC 06G .0318, 06G .0319, or 06G .0320, depending on the type of school reform model the LSAU wants.

(f)(b) The SBE shall authorize the LSAU to implement the requested SRM school reform model if the LSAU submits the information required by the relevant Rule, and the SBE determines that the LSAU has the ability to implement the RIP a School Improvement Plan consistent with the authorized school reform model and the LSAU is likely to operate the school in an educationally and economically sound manner to improve student learning. The LSAU shall operate the school under the authorized SRM school reform model until the SBE refuses to continue or removes the authorization.

(g) An LSAU that has been authorized to implement a transformation or turnaround model shall submit an annual report to DPI by December 1 of each year describing and documenting changes in the school's growth score and achievement score within the preceding school year.

(h) An LSAU that has been authorized to implement restart model shall:

(1) include the operational flexibilities described in the RIP and any revisions to the RIP as action steps in the School Improvement Plan, specifying the school year(s) in which the operational flexibilities are to be utilized, and submit the School Improvement Plan to the SBE for review and approval in accordance with G.S. 115C-105.37A(a);

(2) by December 1st of the second year and every year after, submit an annual report that shall include descriptions and documentation of how the school utilized the operational flexibilities authorized in the restart model in the past year and how it intends to utilize authorized operational flexibilities in the future; and

(3) by January 31st of year five of any five year restart model cycle submit a report describing and documenting:

(A) all policies, guidelines, or directives it adopted to implement the restart model;

(B) all changes in growth scores and achievement scores along with the LSAU's explanation for those changes; and

(C) all efforts to reduce administrative barriers identified in the RIP and all measurable changes to those barriers attributable to those efforts.

(i) Upon the LSAU's request, the SBE may reduce the reporting requirements in Paragraph (h) of this Rule, if the SBE determines that the reduced reporting requirements would not compromise the SBE's ability to make decisions regarding the implementation of the restart model in the school. The SBE retains the authority to require LSAU's to report any information relevant to SBE decisions regarding the implementation of the restart model in the school.

(j) If an LSAU desires to continue to operate a school that has an indication of growth of not met and a net negative achievement score from Year 1 to Year 4 of any five-year cycle under the restart model, the LSAU shall submit an application for continued authorization by February 28th along with a revised RIP that addresses the perceived causes of the decline in the school's growth score and achievement score. The application shall include a commitment to cooperate with oversight and support from DPI during the term of the restart model. The SBE may approve the application and continue the authorization for a period up to five years if the SBE determines the school is more likely to achieve progress under the revised RIP than it is if the application for reauthorization is denied. If the SBE approves the application for continued authorization, the LSAU shall, by May 31st of the school year following said approval and each year thereafter, submit evidence of how the LSAU has supported the school's operation under the restart model and use of operational flexibilities have helped to improve its growth and achievement scores.

(k) If, at the end of Year 5, a school has realized academic gain, the LSAU may submit an application by February 28th to continue operating the school under the restart model with the same RIP or a revised RIP. The SBE may approve the application and continue the authorization for another five year cycle unless the SBE determines that continuing to operate the school under the restart model is likely to result in a lower indication of growth or achievement scores.

(l) If, at the end of Year 5, a school is no longer a CLPS and the SBE has determined that the school has met or exceeded growth under 115C-83.15(f), the LSAU may submit an application by

~~February 28th to continue operating the school under the approved restart model the same RIP or a revised RIP. The SBE may approve the application and continue the authorization for another five year cycle unless the SBE determines that continuing to operate the school under the SRM is likely to result in lower indication of growth or achievement scores.~~

~~(m)~~(c) The SBE may refuse to continue or remove authorization to operate a school under a ~~SRM~~ school reform model whenever it determines that:

(1) ~~the~~ The school has failed to realize the academic goals in the ~~RIP~~ School Improvement Plan and the failure to reduce administrative barriers that contributed to the school's identification as ~~a CLPS~~ continually low performing means the school is unlikely to realize those goals within the next two years;

(2) ~~the~~ The LSAU has failed to comply with applicable state or federal laws, has failed to provide the SBE with required reports, or failed to submit the School Improvement Plan for SBE approval ~~as required in Subparagraph (h)(1) of this Rule;~~ in accordance with G.S. 115C-105.37A(a);

(3) ~~a~~ A school operating under the ~~restart model has failed to meet expected growth under G.S. 115C-83.15(f) and the school has demonstrated a net negative change in its achievement score after Year 4~~ Restart Model has not demonstrated academic gain in any two years from Year 2 to Year 4 of any five-year cycle and is unlikely to ~~realize~~ demonstrate academic gain within the next two years;

(4) ~~the~~ The LSAU requests removal of the authorization and the SBE determines that the school is more likely to realize greater growth scores or achievement scores without the authority to operate under the approved ~~SRM;~~ school reform model; or

(5) ~~if~~ If the LSAU continues to operate the school under the approved ~~SRM;~~ school reform model, the school is ~~likely to fail~~ unlikely to meet expected growth under G.S. 115C-83.15(f) and realize lower achievement scores in the next two years.

(d) If the local board of education determines that no school reform model has been or would be effective in removing improving school performance or otherwise concludes that closure of the school is appropriate, it may close the school in accordance with G.S. 115C-72 and reassign the students enrolled in the school to other, higher-achieving schools within the LSAU consistent with Chapter 115C, Article 25 of the General Statutes.

Authority G.S. 115C-105.37B.

16 NCAC 06G .0318 RESTART MODEL

(a) A local school administrative unit that wants to implement a Restart Model in a continually low-performing school shall apply to the State Board of Education by February 28th of the school year preceding the school year in which the LSAU wants to implement the model. The application shall include the following:

(1) A description of how the LSAU will support the school in providing each student with the opportunity for a sound basic education.

(2) Specific goals for increasing the achievement score, growth score, and subgroup growth scores in the school.

(3) A description of how the LSAU will utilize operational flexibilities to realize the goals identified in Subparagraph (a)(2) of this Rule.

(4) A description of any administrative barriers, such as teacher turnover, that the LSAU believes contributed to the school's identification as continually low-performing and standards for measuring progress in reducing those barriers.

(5) A declaration of intent to contract with an educational management organization to implement the Restart Model, if applicable. The declaration of intent shall include:

(A) The name, address, email, and telephone number for the EMO;

(B) The website for the EMO; and

(C) An explanation of how the services of the EMO will contribute to improved growth scores and achievement scores at the school.

(6) A proposed budget outlining the revenues and expenditures necessary to implement the Restart Model.

(7) A timeline for implementing the Restart Model.

(8) A written commitment to implement the Restart Model for at least five years.

(9) The name of a staff member at the LSAU who shall serve as the point of contact for the school.

(b) If the SBE authorizes an LSAU to implement the Restart Model, the LSAU shall implement the model a minimum of five school years, unless the SBE removes authorization in accordance with 16 NCAC 06G .0317(c). Subsequent provisions of this rule shall apply to the initial five years and any subsequent five-year period of continued authorization.

(c) Upon receipt of authorization from the SBE, the LSAU shall include the operational flexibilities described in its application as action steps in the School Improvement Plan, specifying the school year(s) in which the operational flexibilities are to be utilized, and submit the School Improvement Plan to the SBE for review and approval in accordance with G.S. 115C-105.37A(a). The revised School Improvement Plan is due to the SBE no later than September 30th following SBE authorization.

(d) The LSAU shall file regular reports with the SBE regarding implementation of the Restart Model, including the following:

(1) By December 1st of Year 2 of initial implementation of the Restart Model and every year thereafter, the LSAU shall submit an annual report that documents how the school utilized the operational flexibilities authorized in the Restart Model in the past year. The annual report shall provide evidence of any

measurable progress toward the goals outlined in its application or the prior annual report that can be attributed to the use of those operational flexibilities.

(2) By September 30th of Year 2 and every year thereafter, the LSAU shall identify continuing, modified, or new goals for the following school year, describe how it intends to utilize operational flexibilities to realize those goals, and document action steps in the School Improvement Plan, specifying the school year(s) in which the operational flexibilities are to be utilized.

(3) By January 31st of Year 5, the LSAU shall submit a report describing and documenting:

(A) All policies, guidelines, or directives it adopted to implement the Restart Model; and

(B) All efforts to reduce administrative barriers identified in the initial application or prior annual reports and all measurable changes to those barriers attributable to those efforts.

(4) By May 31st of the school year following approval by the SBE of an application for continued authorization under Paragraph (g) of this Rule, the LSAU shall submit evidence of how the LSAU has supported the school's operation under the Restart Model and use of operational flexibilities have helped to improve its growth and achievement scores.

(e) To continue operating the school under Restart Model after five years, the school must demonstrate academic gain in at least two of three years from Year 2 through Year 4. A school may demonstrate academic gain under any of the following scenarios:

(1) The school is no longer identified as continually low-performing and has met or exceeded expected growth under G.S. 115C-83.15(f). Under this scenario, the SBE may reduce the reporting requirements in Paragraph (g) of this Rule if the SBE determines that the reduced reporting requirements would not compromise the SBE's ability to make decisions regarding the implementation of the Restart Model in the school.

(2) The school is no longer identified as continually low-performing but has not met expected growth.

(3) The school is still identified as continually low-performing, but the school has met or exceeded expected growth and realized a net increase in its achievement score over five years.

(4) The school is still identified as continually low-performing and realized a net decrease in its achievement score over five years, but the school has met or exceeded expected growth and at least 50 percent of identified student subgroups served by the school have met or exceeded growth under G.S. 115C-83.15(d2).

(5) The school is still identified as continually low-performing and realized a net decrease in its achievement score over five years, but the school has met or exceeded expected growth and demonstrated measurable progress toward at least 50 percent of the operational flexibility goals identified in the initial application or the most recent annual report filed in accordance with Subparagraph (d)(1) of this Rule.

(6) The school is still identified as continually low-performing and has not met expected growth, but the school has realized a net increase in its achievement score of at least five points over five years.

(7) The school is still identified as continually low-performing and has not met expected growth, but the school has realized a net increase in its achievement score of between zero and five points over five years and at least 50 percent of identified student subgroups served by the school have met or exceeded growth under G.S. 115C-83.15(d2).

(8) The school is still identified as continually low-performing and has not met expected growth, but the school has realized a net increase in its achievement score of between zero and five points over five years and demonstrated measurable progress toward at least 50 percent of the operational flexibility goals identified in the initial application or the most recent annual report filed in accordance with Subparagraph (d)(1) of this Rule.

(f) If the school has not demonstrated measurable progress toward academic gain after Year 2, the school shall submit to additional oversight from the SBE beginning in Year 3.

(g) If, at the end of Year 5, the school has demonstrated academic gain and the LSAU wants to continue operating the school under the Restart Model, the LSAU must declare its intent to the SBE by February 28th of Year 5. The SBE may continue the authorization for another five years unless the SBE determines that continuing to operate the school under the Restart Model is likely to result in lower indications of growth or a decrease in achievement scores.

(h) If the school does not demonstrate academic gain in any two years from Year 2 to Year 4 and the LSAU wants to continue operating the school under the Restart Model, the LSAU shall apply to the SBE for continued authorization by February 28th of Year 5. That application shall include the following:

(1) An explanation of the rationale for requesting continued authorization as well as an explanation of the perceived causes of the decline in the school's growth score and achievement score.

(2) An explanation of the level of decision-making authority and influence with LSAU leadership held by the point of contact for the school.

(3) An explanation of how the LSAU will provide comprehensive and differentiated support the

school in a manner beyond the standard support provided to all schools in the LSAU.

(4) An explanation of support that the LSAU will provide to the school principal either directly or through external partners funded by the LSAU.

(5) A description of any new strategies for demonstrating academic gain through the use of operational flexibility or other methods.

(6) A written commitment to cooperate with oversight and support from the SBE during the term of the Restart Model.

The SBE may approve the application and continue the authorization for a period up to five years if the SBE determines the school is likely to demonstrate academic gain under the revised School Improvement Plan. If the SBE continues the authorization under these circumstances, the school shall submit to additional oversight and intensive support from the SBE until it demonstrates measurable progress toward academic gain.

Authority G.S. 115C-105.37B.

16 NCAC 06G .0319 TRANSFORMATION MODEL

(a) A local school administrative unit that wants to implement a Transformation Model in a continually low-performing school shall apply to the State Board of Education by February 28th of the preceding the school year in which the LSAU wants to implement the model. The application shall include the following:

(1) A description of how the LSAU will implement improvements in the four areas critical to transforming a CLPS listed in G.S. 115C-105.37B(a)(1).

(2) Specific goals for increasing the achievement score, growth score, and subgroup growth scores in the school.

(3) A proposed budget detailing the revenues and expenditures necessary to implement the Transformation Model.

(4) A timeline for implementing the Transformation Model.

(b) An LSAU that has been authorized to implement a Transformation Model shall submit an annual report to the SBE by December 1st of each year describing and documenting how the LSAU has implemented the Transformation Model to improve the school's growth score and achievement score within the preceding school year.

Authority G.S. 115C-105.37B.

16 NCAC 06G .0320 TURNAROUND MODEL

(a) A local school administrative unit that wants to implement a Turnaround Model in a continually low-performing school shall apply to the State Board of Education by February 28th of the preceding the school year in which the LSAU wants to implement the model. The application shall include the following:

(1) A description of the new governance structure to be implemented in the school.

(2) Specific goals for increasing the achievement score, growth score, and subgroup growth scores in the school.

(3) A description of the procedures that the LSAU will use when removing staff, including due process protections where required by law.

(4) A proposed budget outlining the revenues and expenditures necessary to implement the Turnaround Model.

(5) A timeline for implementing the Turnaround Model.

(b) An LSAU that has been authorized to implement a Turnaround Model shall submit an annual report to the SBE by December 1st of each year describing and documenting how the LSAU has implemented the Turnaround Model to improve the school's growth score and achievement score within the preceding school year.

Authority G.S. 115C-105.37B.

TITLE 21 - OCCUPATIONAL LICENSING BOARDS AND COMMISSIONS

CHAPTER 64 - SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

***Notice** is hereby given in accordance with G.S. 150B-21.2 that the Board of Examiners for Speech and Language Pathologists and Audiologists intends to amend the rule cited as 21 NCAC 64 .1003.*

Link to agency website pursuant to G.S. 150B-19.1(c): *https://ncboeslpa.org/*

Proposed Effective Date: *March 1, 2026*

Public Hearing:
Date: *December 19, 2025*
Time: *9:00 a.m.*
Location: *1500 Pinecroft Rd, Suite 123 Greensboro, NC 27407; https://us06web.zoom.us/j/87556462235?pwd=V5saPfd0BfypjdSJot60tLuykTXabW.1 Meeting ID: 875 5646 2235/Passcode: 559530*

Reason for Proposed Action: *To update the manner in which supervision of Assistants shall be documented and provided by Supervising Licensees*

Comments may be submitted to: *C. Denise Brown, PO Box 16885, Greensboro, NC 27416; phone (336) 272-1828; email dbrown@ncboeslpa.org*

Comment period ends: *January 2, 2026*

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review

Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

☐ **State funds affected**
☐ **Local funds affected**
☐ **Substantial economic impact (>= $1,000,000)**
☐ **Approved by OSBM**
☒ **No fiscal note required**

SECTION .1000 - REQUIREMENTS FOR THE USE OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS IN DIRECT SERVICE DELIVERY IN NORTH CAROLINA

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants.

(b) Licensees who register an Assistant must demonstrate understanding of the ~~basic~~ elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.

(c) Licensees must submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section.

(d) Licensees must assure that patients are informed when services are being provided by an ~~Assistant.~~ an Assistant through the following methods:

(1) The Assistant must wear a badge that includes the job title: "SLP-Assistant."

(2) When services are to be rendered by an Assistant, the patient or family must be informed in writing. This notification form must be kept on file in the patient's chart, indicating the patient's name and date notified.

(e) Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section. The standards for all patient services provided by the Assistant are the full responsibility of the Supervising Licensee as defined in Rule .1001(b) of this Section and cannot be delegated. Therefore, the assignment of tasks and the amount and type of supervision must be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.

(1) Before assigning treatment tasks to an Assistant, the Primary Supervising Licensee must have first evaluated the patient, written a general treatment plan, and provided the Assistant with a written session protocol specifying the following for patient behaviors:
(A) eliciting conditions;
(B) target behavior; and
(C) contingent response.

(2) The Primary Supervising Licensee must document the Assistant's reliable and effective application of the treatment protocol with each patient. Each time a new protocol is introduced, the Supervising Licensee must assure and document that the Assistant is utilizing all three protocol elements (A, B, C) effectively.

(3) For every patient encounter (screening or treatment) in which an Assistant provides service, there must be legible signatures of the Assistant and one Supervising Licensee.

(4) These signed and dated patient encounter records must be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.

(5) The Board may do random audits of records to determine compliance with its rules.

(6) When patient services are being rendered by an Assistant, the Primary Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.

(7) The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 60 days the Primary Supervising Licensee shall update and recertify the target behavior form. The Primary Supervising Licensee shall provide a minimum of six hours of direct supervision and six hours of indirect supervision every 90 days for each full-time Assistant under their supervision. For a part-time Speech-Language Pathology Assistant, the Primary Supervising Licensee shall provide a minimum of three hours of direct supervision and three hours of indirect supervision every 90 days. The dates and amount of supervision provided shall be documented, dated, and maintained in the Speech-Language Pathology Assistant's supervision file.

(8) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale ("Form D") for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through routine observation, feedback, and performance evaluation sessions. The Form D shall be available for Board review upon request. The

Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board. A completed Form D shall contain the following:

(A) The name and registration number of the Assistant;

(B) The name and license number of the Primary Supervising Licensee;

(C) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

(i) Clerical skills;

(ii) Interpersonal skills;

(iii) Professional conduct in the work setting;

(iv) Technical skills; and

(v) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

(D) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and

(E) The dated signature of the Primary Supervising Licensee and the Assistant.

(9) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant at least once every 30 days. This review shall be documented with the date of review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and Assistant supervision records.

(f) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of employment using the performance-based competency assessment and orientation checklist provided by the Board on the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the Board within 90 days of registration. ~~A~~ Each time the Primary Supervising Licensee changes, the successor Primary Supervising Licensee shall complete and file with the Board a new competency checklist ~~must be completed and filed~~ within 90 days ~~each time the primary supervising Licensee changes.~~ following the change in Primary Supervising Licensee.

(g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall be regarded as the unlicensed practice of speech-language pathology.

Authority G.S. 90-298.1; 90-304(a)(3).

*This Section includes a listing of rules approved by the Rules Review Commission followed by the full text of those rules. The rules that have been approved by the RRC in a form different from that originally noticed in the Register or when no notice was required to be published in the Register are identified by an * in the listing of approved rules. Statutory Reference: G.S. 150B-21.17.*

Rules approved by the Rules Review Commission at its meeting on September 25, 2025 Meeting.

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TITLE 10A - DEPARTMENT OF HEALTH AND HUMAN SERVICES

Codifier's Note: 10 NCAC 03G .2300 was transferred to 15A NCAC 11 .0200 effective January 4, 1990. Recodification pursuant to G.S. 143B-279.3.

10A NCAC 15 .0201 PURPOSE AND SCOPE

(a) This Section provides for the registration of radiation machines, radiation generating devices, facilities, and persons providing other radiological services.

(b) A person who acquires, owns, possesses, or receives a radiation machine or radiation generating device before receiving a notice of registration in accordance with Rule .0209 of this Section is subject to the requirements of this Chapter.

(c) In addition to the requirements of this Section, all registrants are subject to the provisions in Sections .0100, .1000, .1100, and .1600 of this Chapter.

(d) Service providers using radiation machines for demonstration purposes or that provide mobile leasing services are subject to the additional requirements of Rule .0205 of this Section. Service providers that provide those services by bringing radiation machines or radiation generating devices from out of state are subject to the additional requirements of Rule .0208 of this Section.

(e) Emerging technologies for radiation machines and radiation generating devices that do not meet the equipment requirements of this Chapter are subject to the additional requirements in Rule .0212 of this Section.

(f) Registrants using industrial radiographic machines are subject to the additional requirements of Section .0500 of this Chapter.

(g) Registrants using radiation machines for human and veterinary use are subject to the additional requirements in Section .0600 of this Chapter.

(h) Registrants using radiation machines for non-human use at educational facilities, for forensic medicine, or by service providers for demonstration purposes are subject to the additional requirements of Section .0600 of this Chapter.

(i) Registrants using ionizing radiation generating devices are subject to the requirements of Section .0800 of this Chapter.

History Note: Authority G.S. 104E-7; 104E-9(8); 104E-19(a);
Eff. February 1, 1980;

Amended Eff. May 1, 1993; July 1, 1982;
Transferred and Recodified from 15A NCAC 11 .0201 Eff. February 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025.

10A NCAC 15 .0202 EXEMPTIONS

(a) Electronic equipment that produces radiation incidental to its operation for other purposes is exempt from the registration and notification requirements of this Section provided that the dose equivalent rate average over an area of 10 square centimeters does not exceed 0.5 mrem per hour at 5 centimeters from any accessible surface of the equipment when any external shielding is removed. The production, testing, or factory servicing of such equipment is not exempt.

(b) The following are exempt from the requirements of this Section:

(1) all radioactive materials; and
(2) radiation machines while in transit.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0202 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0203 APPLICATION FOR REGISTRATION PROCESS: GENERAL REQUIREMENTS FOR ALL FACILITIES, RADIATION MACHINES, AND SERVICES PROVIDED

(a) A person with an unregistered facility, radiation machine, radiation generating device, or an unregistered service provider, shall apply for registration with the agency. After submitting the required application forms prescribed by the agency in this Rule, registration of the first radiation machine, radiation generating device, or registration of services provided, constitutes registration of the facility or service provider.

(b) All application forms in this Rule shall be completed by meeting the following requirements:

(1) An individual with administrative control and representative of the organization of a radiation machine, radiation generating device, or who is responsible for providing services, shall ensure application forms, required by the agency in this Rule, meet the following requirements:
  (A) are accurate, complete, and contain all the information required by the application forms and accompanying instructions; and
  (B) submitted to the agency at the e-mail address on the application for registration forms or mailed to the address in Rule .0111 of this Chapter.
(2) Incomplete application forms or application forms submitted without the requested documentation to provide services, will not be processed.
(3) The agency may require additional information at any time after submission of the application to determine if the notice of registration should be issued or denied.
(4) Application forms can be found at https://radiation.ncdhhs.gov/Xray/applic.htm.

(c) A Business Application form shall be submitted prior to the operation of a facility or providing services in this State and the following additional requirements shall be met:

(1) The application shall be submitted by any person:
  (A) with one or more radiation machines at a facility; or
  (B) that plans to engage in services listed in Paragraphs (f) and (g) of this Rule.
(2) The application form requires the following:
  (A) indication if the application is for a new facility, a change of ownership, relocation of a facility, or to update information by marking the corresponding checkbox;
  (B) the legal business name, facility physical address, phone number, type of business, days and hours of operation;
  (C) the name, title, mailing address, phone, and e-mail address of business manager;
  (D) the name of the individual on-site who is responsible for radiation protection. The training and experience qualifying him or her to perform the job duties and responsibilities in Rule .0211 of this Section, shall be documented on the application;
  (E) the name, title, mailing address, phone, and e-mail address for the invoice contact;
  (F) description of facility use;
  (G) description of service provider equipment;
  (H) dated and signed by the owner or the individual with administrative control; and
  (I) identify equipment forms included with the application form by marking the corresponding checkbox.

(d) A Radiation Machine Application or Radiation Generating Devices Application form shall be submitted in accordance with Rule .0204(c)(1) through (5) of this Section, for the type of radiation machine or radiation generating device owned by the registrant or potential registrant or the service provided. The following additional requirements shall be met:

(1) The application shall be submitted by any person:
  (A) with one or more unregistered radiation machines or radiation generating devices at a facility; or

(B) that is engaged in leasing or performing demonstrations using an unregistered radiation machine or radiation generating device.

(2) The application requires the following information:

(A) registration number;

(B) machine or device location;

(C) manufacturer, model, serial number, number of tubes, install date, modality, application, type, and use;

(D) location of machine or device not in use;

(E) installer information; and

(F) shall be dated and signed by the individual with administrative control. An individual with administrative control can delegate a responsible person or persons within the organization to sign when amendments are made to this form by notifying the agency in writing.

(e) A Disposal of a Radiation Machine or Radiation Generating Device Form shall be submitted when a facility disposes of a radiation machine or radiation generating device. The agency form requires the following information:

(1) registration number, facility name, and physical address;

(2) identify if the application is for a new facility, for a change of ownership, a facility relocates, or to update information;

(3) radiation machine or radiation generating device location; manufacturer, model, serial number;

(4) identify the reason for disposal of the radiation machine or radiation generating device;

(5) the recipient of the radiation machine or radiation generating device, to the individual or business name, physical and e-mail address, and phone number; and

(6) dated and signed by the owner or the individual with administrative control of the radiation machine or radiation generating device.

(f) A Company Service Application form shall be submitted prior to furnishing or offering to furnish services in Parts (A) through (C) of Subparagraph (f)(1) and the following additional requirements shall be met:

(1) The application shall be submitted by any person engaged in:

(A) direct sales, demonstration, leasing, or transfer of radiation machines or radiation generating devices;

(B) providing individual monitoring devices; and

(C) radiation survey equipment calibrations, except when calibrations are performed by the manufacturer of the equipment.

(2) The application requires the following information:

(A) registration number;

(B) business name, facility physical address;

(C) identify if the application is for a new service provider, for a change of ownership, relocation of the facility, or to update information;

(D) identify each class and modality of services requested to be provided in the State;

(E) submit the requirements listed on the agency form for each class and modality requesting to provide services in the State;

(F) list any class or modality not listed on this form;

(G) description of service provider equipment used for output measurements and surveys; and

(H) signature of the individual with administrative control.

(g) A Company Employee Services Application form shall be submitted prior to furnishing or offering to furnish services in Parts (A) through (H) of Subparagraph (g)(1) and the following additional requirements shall be met:

(1) The application shall be submitted by any person engaged in providing the following services:

(A) area radiation surveys for diagnostic radiographic and fluoroscopy facilities;

(B) equipment surveys and shielding designs for radiation generating devices;

(C) general health physics consulting services to perform dose estimates, radiation output measurements, radiation safety program development, and radiation safety program training;

(D) installation or service repair of radiation machines or radiation generating devices;

(E) qualified expert consulting services for CT and mammography radiation machines;

(F) radiation protection expert;

(G) shielding designs for diagnostic radiographic and fluoroscopy facilities; and

(H) therapeutic facility and shielding design, area radiation survey, or calibration.

(2) The application requires the following information:

(A) name of the employee to be registered;

(B) start date if the employee is being added and the stop date if the employee is being removed from the registration;
(C) business registration number, name, physical address, and contact e-mail;
(D) class identification and modality of services to be provided;
(E) training and experience to submit for each class of services to be provided;
(F) date and signature of the employee applying for registration;
(G) date and signature of the individual with administrative control; and
(H) additional information the agency determines is necessary for evaluating the application for registration.

(h) Owners of radiation imaging systems and in-house personnel employed by a facility or corporation shall be exempt from the registration requirements in this Rule to provide services in this State, provided such personnel:
(1) meets the education, or is supervised by an individual who meets the training and experience requirements of the Class for the services provided;
(2) provides services at one facility or corporation; and
(3) provides requirements in Subparagraph (1)(h) of this Rule for agency review during inspection.

(i) The following general requirements apply to all facilities and services provided in North Carolina.
(1) The registrant shall notify the agency when any change will render the information in an application for registration or notice of registration no longer accurate.
(2) A registrant that terminates all activities of radiation machines, radiation generating devices, or providing services shall meet the following requirements within 30 days:
(A) request termination of the notice of registration in writing by the owner or the individual with administrative control;
(B) submit to the agency, a Disposal of a Radiation Machine or Radiation Generating Device Form in accordance with Paragraph (e) of this Rule; and
(C) pay any outstanding fees pursuant to Section .1100 of this Chapter.
(3) A registrant shall not transfer the registration as part of a change of ownership.
(4) A person who takes possession of a radiation machine or radiation generating device because of bankruptcy, foreclosure, or state auction may possess the machine or device when the following additional requirements are met:
(A) The machine or device shall be posted with a visible sign stating that the new owner is responsible for registering with the agency if used in this State; and
(B) If the machine or device is energized, it shall only be energized by someone registered in accordance with this Section and only to demonstrate that it is operable for sale or transfer.
(5) No person shall in any advertisement refer to the fact that his or her facility is registered with the agency pursuant to the provisions of Rule .0204 or .0205 of this Section, and no person shall state or imply that under such registration any activities have been approved by the agency.

History Note: Authority G.S. 104E-7; 104E-12; 104E-20;
Eff. February 1, 1980;
Amended Eff. May 1, 1992;
Transferred and Recodified from 15A NCAC 11 .0203 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0204 FACILITY RESPONSIBILITIES

(a) All forms in this Rule shall be completed in accordance with Rule .0203 of this Section and any accompanying instructions.
(b) Shielding design requirements:
(1) Prior to construction for all new installations of radiation machines for human, non-human, or veterinary use and prior to structural modification of existing installations, an applicant, shall have the floor plans, shielding specifications, and equipment arrangement reviewed by a registered service provider.
(2) The registrant shall submit the shielding design and the agency Shielding Design Review Form to the agency for review. The agency form shall include the following information:
(A) facility and service provider name, registration number, e-mail and physical address, and phone number;
(B) equipment location, manufacturer, status, kVp, mA, mA min per week, facility type; and
(C) proposed date of installation.
(3) A radiation machine shall not be installed until the applicant has received acknowledgment of the shielding design from the agency.
(4) A radiation machine shall not be replaced until the existing shielding design, acknowledged previously by the agency, is reviewed by a registered service provider in accordance with Rule .0205. The registrant shall have a service provider review the acknowledged shielding design for the proposed radiation machine replacement to assess if the existing shielding meets the requirements of this Chapter. The

documentation provided to the registrant from the service provider shall be submitted to the agency and maintained for agency review during inspection.

(5) The acknowledgment of such plans shall not preclude the requirement for additional modifications should a subsequent analysis of operating conditions indicate the possibility of a dose that exceeds the limits in Rule .1601 of this Chapter.

(6) Shielding designs are not required to be submitted for the following radiation machines:
(A) dental handheld;
(B) dual x-ray absorptiometry (DEXA);
(C) mammography; or
(D) mobile or portable radiographic and fluoroscopic machines used in more than two locations.

(c) Facility registration

(1) Mobile radiation machines located and used in this State that are fixed in a vehicle or trailer shall meet the following requirements prior to use:
(A) have a shielding design submitted in accordance with Paragraph (a) of this Rule;
(B) have a Radiation Machine Application or a Radiation Generating Devices Application form submitted in accordance with Rule .0203(d) of this Section. Radiation machines leased or on loan from a registered service provider shall register the radiation machine if used for more than 30 days;
(C) have a copy of the operating and safety procedures to protect patients, operators, and the public from radiation submitted to the agency;
(D) receive a notice of registration from the agency; and
(E) an individual with administrative control shall ensure that radiation machines are operated in accordance with Section .0600 of this Chapter.

(2) Mobile radiation machines located out-of-state and brought into this State for use, that are fixed in a vehicle or trailer, shall meet the following requirements prior to use:
(A) have the requirements in Parts (c)(1)(A) through (c)(1)(C) of this Rule submitted as a complete document for agency review; and
(B) have a written notice submitted, in accordance with Rule .0208 of this Section, and maintain it for agency review during inspection.

(3) Radiation machines for human, non-human, or veterinary use shall meet the following additional requirements:
(A) have a shielding design acknowledged by the agency in accordance with Paragraph (b) of this Rule; and
(B) submit a Radiation Machine Application form in accordance with Rule .0203 (d) of this Section within 30 days of use.

(4) Radiation generating devices in Section .0800 of this Chapter shall meet the following additional requirements prior to use:
(A) submit a Radiation Generation Device Application in accordance with Rule .0203(d) of this Section; and
(B) an individual with administrative control shall ensure operators are qualified in accordance with Rule .0800 of this Chapter to use the radiation generating device indicated on the application.

(5) Industrial radiography radiation machines in Section .0500 of this Chapter shall meet the following additional requirements prior to use:
(A) submit a Radiation Generating Device Application in accordance with Rule .0203(d) of this Section; and
(B) an individual with administrative control shall ensure operators are qualified in accordance with Section .0500 of this Chapter to use the machines indicated on the application.

(d) Persons registered pursuant to Paragraph (c) of this Rule shall notify the agency, using the Disposal of a Radiation Machine or Radiation Generating Device Form, prior to disposition or the transfer of a registered radiation machine or radiation generating device to another person required to be registered pursuant to Paragraph (c) of this Rule.

(e) Persons registered pursuant to Paragraph(c) of this Rule shall prohibit any person from furnishing services described in Rule .0205(d) of this Section, at his or her facility, until such person provides evidence they are currently registered with the agency as a provider of such services in accordance with Rule .0205 of this Section.

(f) No person registered pursuant to the provisions of Paragraph (c) of this Rule shall perform any services listed in Rule .0205(d) of this Section in his or her facility unless such person meets the requirements in Rules .0205 and .0206 of this Section and has received written authorization from the agency to perform such services.

History Note: Authority G.S. 104E-7; 104E-9(a)(3); 104E-12;
Eff. February 1, 1980;
Amended Eff. June 1, 1989;
Transferred and Recodified from 15A NCAC 11 .0204 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0205 SERVICE PROVIDER RESPONSIBILITIES

(a) Each person who is engaged in the business of furnishing or offering to furnish any services listed in Paragraph (e) of this Rule in this State, or any agency registrant, shall apply for registration of such services with the agency prior to furnishing or offering to furnish any of these services.

(b) Applications for registration shall be completed in accordance with Rule .0203 of this Section and contain all information required by the agency as indicated on the form and accompanying instructions.

(c) Each person applying for registration pursuant to Paragraph (a) of this Rule shall certify that he or she has read and understands the requirements of the rules in this Chapter by signing the Company Employee Services Application or Company Services Application form.

(d) Applicants for registration of services are subject to the requirements of Rules .0206 and .0207 of this Section.

(e) For purposes of this Section, services include:

(1) Class I - direct sales, transfer, leasing, lending, demonstration, or manufacturer training for the use of radiation machines or radiation generating devices;

(2) Class II - installation, repair, or service of the following:

(A) radiation machines and machine components, including the making of diagnostic radiation output measurements, and performance verification; or

(B) radiation generating devices to include equipment surveys.

(3) Class III - shielding designs for diagnostic radiographic facilities;

(4) Class IV - shielding designs for diagnostic fluoroscopy facilities;

(5) Class V - area radiation surveys and shielding evaluations for diagnostic radiographic and fluoroscopy facilities;

(6) Class VI - radiation survey equipment calibrations;

(7) Class VII - therapeutic facility and shielding design, area radiation survey, or verification;

(8) Class VIII - providing individual monitoring devices;

(9) Class IX - general health and medical physics consulting to include the following services:

(A) equipment surveys and shielding designs for radiation generating devices;

(B) dose estimates;

(C) radiation output measurements;

(D) radiation safety program development; and

(E) radiation safety program training.

(f) Persons registered pursuant to Subparagraph (e)(1) as a Class I service provider to provide mobile radiation machines that are fixed in a vehicle or trailer for demonstration purposes or that provides leasing services shall meet the following requirements prior to use:

(1) mobile radiation machines located and used in this State shall meet the requirements of Rules .0204(c)(1)(A) through (E) of this Section; and

(2) mobile radiation machines located out of state and brought into this State for use shall meet the requirements of Rules .0204(c)(2)(A) and (B) of this Section.

(g) Report of installation

(1) Persons registered pursuant to Paragraph (a) of this Rule who sell, install, transfer, lease, lend, or dispose of radiation machines in this State shall, within 15 days after each calendar quarter, notify the agency at XrayNORS@dhhs.nc.gov or the address, in accordance with Rule .0111 of this Chapter, of the following:

(A) whether any radiation machines were directly sold, disposed of, installed, leased, loaned, or transferred during the calendar quarter;

(B) the name and address of persons who received radiation machines during the calendar quarter;

(C) the manufacturer, model, and serial number of each radiation machine directly sold, disposed of, installed, leased, loaned, or transferred during the calendar quarter; and

(D) the date of disposition, installation, lease, loan, sale, or transfer of each radiation machine during the calendar quarter.

(2) The information specified in Parts (g)(1)(A) through (D) of this Rule may be omitted from the quarterly reports when either of the following requirements are met:

(A) for any diagnostic x-ray system that contains certified components, when a copy of the assembler's report prepared in compliance with 21 CFR 1020.30(d) is received by the agency; or

(B) for radiation machines for nonhuman use and radiation generating devices, when a Report of Sale and Installation Form prepared in accordance with Paragraph (i) of this Rule is received by the agency.

(h) A Report of Sale and Installation of radiation machines for nonhuman use or radiation generating devices can be found at https://radiation.ncdhhs.gov/Xray/documents/rptofassembly.pdf and shall include the following information:

(1) facility registration number, street address, city, state, and telephone number;

(2) service provider registration number, company name, street address, city, state, and telephone number;

(3) identify if the radiation machine or the radiation generating device was sold or installed by checking the corresponding checkbox;
(4) identify the system type by checking the corresponding checkbox;
(5) room location;
(6) date of sale or installation;
(7) manufacturer, serial number, and control model number;
(8) the seller's signature or signature of the individual responsible for installation; and
(9) the date signed.

(i) No person registered pursuant to Paragraph (a) of this Rule for x-ray sales or installations shall make, sell, lease, transfer, lend, assemble, or install radiation machines, radiation machine components, or radiation machine generating devices unless such machines and devices when placed in operation shall meet the requirements of these Rules.

(j) No person registered pursuant to Rule .0205 of this Section shall install radiation machines that are subject to provisions of Section .0600 of this Chapter unless the registrant first determines that the agency has issued a written acknowledgment of a shielding design in accordance with Rule .0204(b) of this Section.

(k) Tests performed at the time of installation demonstrating the requirements of these Rules are met, shall be provided to the registrant for agency review during inspection for the following:
(1) fluoroscopy machine output measurement; and
(2) radiation generating devices equipment surveys.

(l) Records of any routine maintenance, repair, alterations, or reassembly of radiation machines or radiation generating devices shall:
(1) include the date that the service was performed and a legible signature of the person performing the service; and
(2) be provided to the registrant for agency review during inspection.

History Note: Authority G.S. 104E-7; 104E-12; 104E-20;
Eff. February 1, 1980;
Amended Eff. June 1, 1993; May 1, 1992; June 1, 1989;
Transferred and Recodified from 15A NCAC 11 .0205 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0206 TRAINING AND EDUCATIONAL REQUIREMENTS TO PROVIDE SERVICES

(a) A person registered to provide services pursuant to Rule .0205 of this Section shall be qualified by reason of education, training, and experience to provide the services for which registration is requested. The following are the minimum qualifications for each service class:
(1) Class I - direct sales, transfer, leasing, lending, demonstration, or manufacturer training for the use of radiation machines or radiation generating devices: The applicant shall certify all persons providing services are knowledgeable, familiar, and comply with the rules which govern the possession, installation, and use of radiation machines in North Carolina.
(2) Class II - installation or service to verify performance associated with the installation or service:
(A) manufacturer's equipment school for service, maintenance, and installation for the type of radiation machine used for dental hand-held, intraoral, and extra-oral, medical diagnostic, or medical fluoroscopic, radiation generation devices, or equivalent training;
(B) training in basic principles of radiation protection; and
(C) three months of experience in the installation and service of radiation machines, radiation generating devices, and machine components services are required.
(3) Class III - shielding design for diagnostic radiographic facilities:
(A) training in basic principles of radiation protection;
(B) training in shielding design for each modality registering to provide services; and
(C) one year of experience in diagnostic radiographic facility and shielding for each type of machine application.
(4) Class IV - shielding design for diagnostic fluoroscopic facilities:
(A) training in basic principles of radiation protection;
(B) training in shielding design for each modality registering to provide services; and
(C) one year of experience in diagnostic fluoroscopic facility and shielding for each type of machine application.
(5) Class V - area radiation surveys and shielding evaluation for diagnostic radiographic and fluoroscopy facilities:
(A) training in basic principles of radiation protection;
(B) training in shielding evaluation for each modality registering to provide services; and
(C) one year of experience performing area radiation surveys for each type of machine application.
(6) Class VI - radiation instrument calibration: The applicant must possess a current radioactive materials license or registration authorizing radiation instrument calibration.
(7) Class VII - therapeutic facility and shielding design, area radiation survey, or verification:

(A) certification by the American Board of Radiology in therapeutic radiological physics, radiological physics, roentgen-ray and gamma ray physics, or x-ray and radium physics;
(B) certification by the American Board of Medical Physics;
(C) doctorate degree in medical physics or related field; or
(D) have a master's degree in physics, biophysics, radiological physics, nuclear engineering, or health physics, one year of full-time training in therapeutic radiological physics, one year of full-time experience in a therapeutic facility including personal calibration and spot-check of at least one machine, submit a description of the procedures that will be utilized in performing therapeutic calibrations including a list of all guides and references to be employed, submit a copy of all forms, reports, and documents that will be supplied to customers; and submit one sample of each type of therapy modality service provided.

(8) Class VIII - providing individual monitoring dosimetry: The applicant must hold current personnel dosimetry accreditation from the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology or use NVLAP-accredited dosimetry.

(9) Class IX - general health or medical physics consulting shall be performed by a person meeting one of the following requirements:
(A) certified by the American Board of Health Physics in health physics in the appropriate field or specialties for services provided;
(B) certified by the American Board of Medical Physics;
(C) certified by the American Board of Radiology in therapeutic radiological physics, radiological physics, roentgen-ray and gamma ray physics, x-ray and radium physics; or
(D) hold a master's or doctorate in physics, medical physics, other physical science, engineering, or applied mathematics, from an accredited college or university, and have 40 hours of practical training or supervised experience in x-ray physics.

(b) Any person registered to provide Class IX services prior to the effective date of this Rule and holding a baccalaureate degree in physical science of physics, chemistry, or radiologic science, engineering or related field, and having two years of progressive experience in medical or health physics, or two years of graduate training in medical or health physics, is exempt from the requirements in Parts (a)(9)(A) through (D) of this Rule, provided he or she is in good standing with the agency.

(c) The agency shall initiate action to terminate the registration of any person who fails to meet the requirements of this Rule.

History Note: Authority G.S. 104E-7; 104E-13;
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0206 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0207 ADDITIONAL REQUIREMENTS TO PROVIDE SERVICES

(a) A person applying for registration to perform Class II or Class IX services for diagnostic radiation output measurements, Class V area radiation surveys and shielding evaluations for diagnostic radiographic and fluoroscopy facilities, or Class VII therapeutic area radiation survey or verification services pursuant to Rule .0205 of this Section shall meet the following additional requirements:

(1) have radiation survey and radiation measurement equipment capable of measuring the radiation energies corresponding to the services requested for authorization;
(2) ensure that the equipment in Subparagraph (a)(1) of this Rule is calibrated annually when a frequency is not recommended by the manufacturer;
(3) submit the following for agency review prior to registration:
(A) a description of the procedures that will be used in performing area radiation surveys including a list of all guides and references to the employed;
(B) a copy of all forms, reports, and documents that will be supplied to registrants;
(C) samples of surveys for each modality requested for registration;
(D) samples of reports of diagnostic radiation output measurements for each modality requested for registration; and
(E) samples of calibration reports for each therapeutic and kV imaging modality requested for registration.

(b) A person applying for registration to perform Class VI equipment calibrations shall meet the following requirements:

(1) ensure such calibrations are current and traceable to the National Institute of Standards and Technology;
(2) license or register radiation sources used for such calibration as required by the rules in this Chapter;

(3) label the equipment to indicate the date of calibration; and
(4) maintain records of the calibration.

(c) A person applying for registration to perform Class III shielding designs for diagnostic radiographic facilities, Class IV shielding designs for diagnostic fluoroscopy facilities, and Class VII therapeutic facilities and shielding design services shall meet the following additional requirements:

(1) submit examples of the facility and shielding design which will be provided to registrants;
(2) submit any technical guides, methodology, occupancy factor rationales, and workload estimation rationales that will be used; and
(3) ensure that the facility and shielding design services provided to registrants meet the requirements in this Chapter.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. June 1, 1993; June 1, 1989;
Transferred and Recodified from 15A NCAC 11 .0207 Eff. February 1, 2015.
Readopted Eff. October 1, 2025.

10A NCAC 15 .0208 OUT-OF-STATE RADIATION MACHINES AND RADIATION GENERATION DEVICES

(a) No person shall bring any radiation machine or radiation generating device into the State, for any temporary use, unless such person has given a written notice to the agency at least five working days prior to use in the State. The notice shall include the type of radiation machine; the nature, duration, and scope of use; and the exact location(s) where the radiation machine or radiation generating device will be used. If, for a specific case, the five working day period would impose an undue hardship on the person, he or she may, upon application to the agency, obtain permission to proceed sooner.

(b) A person bringing a radiation machine or radiation generating device into this State, for any temporary use, shall meet the following requirements:

(1) complete the registration process in accordance with Rules .0203, .0204, and .0205 of this Section prior to beginning operations in this State;
(2) supply the agency with other information the agency may request; and
(3) comply with the Rules of this Chapter.

(c) The out of state registrant shall maintain with the radiation machine or radiation generating device, when located and used in this State, the following:

(1) the current notice of registration from this agency;
(2) a copy of the written notice submitted to the agency in accordance with Paragraph (a) of the Rule;
(3) the shielding design, if required, in accordance with Rule .0204 (c)(1)(A) of this Section; and
(4) a copy of the out of state registrant's operating and safety procedures.

(d) An inspection may be conducted by an authorized representative of the agency on any radiation machine or radiation generating device used in this State.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0208 Eff. February 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025.

10A NCAC 15 .0209 ISSUANCE OF NOTICE OF REGISTRATION

(a) The agency shall issue a notice of registration upon a determination that an applicant:

(1) is qualified by reason of education, training, or experience in the use and hazards of radiation sources described in the application for registration;
(2) has facilities and equipment which meet the requirements in these Rules;
(3) has established a radiation protection program, appropriate to the registered activities, which assures compliance with radiation protection requirements in these Rules; and
(4) meets the applicable requirements in this Chapter.

(b) The agency may, by registration condition or order, when not in conflict with any law, waive any requirement in these Rules or impose requirements with respect to the registrant's receipt, possession, use, and transfer of radiation machines or radiation generating devices as the agency deems appropriate or necessary for compliance with the rules in this Chapter.

(c) The agency may refuse to grant a registration required in Rules .0203, .0204, and .0205 of this Section to any applicant who does not possess the qualifications or equipment or satisfy the applicable requirements in this Chapter; provided that, before any order is entered denying an application for registration, the agency shall give notice and grant a hearing as provided in Chapter 150B of the North Carolina General Statutes.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0209 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0210 MODIFICATIONS: REVOCATION: TERMINATION OF REGISTRATIONS

(a) The terms and conditions of all registrations are subject to amendment, revision or modification and all registrations are subject to suspension or revocation by reason of:

(1) rules adopted pursuant to provisions of the Act; or
(2) orders issued by the agency pursuant to provisions of the Act.

(b) Any registration may be revoked, suspended, or modified in whole or in part:

(1) for any materially false statement in the application or any false statement of fact required by provisions of this Section;

(2) because of a decision made by the agency to refuse to grant registration on the original application revealed by:

(A) the application;

(B) any statement of fact;

(C) any report, record, inspection, or other means; or

(3) for violations of, or failure to follow any of the terms and conditions of the Act, the registration, the rules of this Chapter, or the order of the agency.

(c) In cases of knowingly and intentionally choosing not to follow the requirements of this Chapter or those in which the public health, interest, or safety requires otherwise, prior to modification, revocation, or suspension of a registrant, the agency shall:

(1) notify the registrant in writing of the facts or conduct which may warrant these actions, and

(2) provide an opportunity for the registrant to demonstrate or achieve compliance with the requirements of this Chapter.

(d) The agency may terminate a registration upon written request submitted by the registrant to the agency.

History Note: Authority G.S. 104E-7; 104E-13;
Eff. February 1, 1980;
Amended Eff. May 1, 1993; June 1, 1989;
Transferred and Recodified from 15A NCAC 11 .0210 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0211 THE INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION REQUIREMENTS AND RESPONSIBILITIES

(a) A person applying for registration shall designate an individual responsible for radiation protection on the Business Application form pursuant to Rule .0203(c) of this Section. The qualified individual, which can be an actively registered radiologic technologist, shall be on site and be qualified by reason of education, training, and experience. The following are the minimum qualifications that must be met to carry out the job duties:

(1) training in basic radiation protection principles;

(2) completed educational courses relating to ionizing radiation;

(3) know potential radiation hazards and emergency precautions; and

(4) training and experience in and knowing the proper use of the type of equipment used.

(b) The individual shall be responsible for the following:

(1) Establishing and overseeing operating and safety procedures:

(A) that maintain radiation exposures as low as reasonably achievable (ALARA); and

(B) to review the procedures annually, or when changes occur to ensure the procedures are current.

(2) Ensuring individual monitoring devices are used in accordance with these Rules by occupationally exposed personnel and records of monitoring results shall be:

(A) reviewed;

(B) maintained; and

(C) notifications made in accordance with Rule .1601 of this Chapter.

(3) Ensuring that personnel are complying with:

(A) this Chapter;

(B) the conditions of the notice of registration; and

(C) the operating and safety procedures of the registrant.

(4) Knowing:

(A) the management policies and administrative procedures of the registrant; and

(B) keeping management informed of the registrant's radiation protection program.

(5) Assuming control and having the authority to carry out corrective actions including stopping operations in emergencies or unsafe conditions.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. June 1, 1989;
Transferred and Recodified from 15A NCAC 11 .0211 Eff. February 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025.

10A NCAC 15 .0212 EMERGING TECHNOLOGIES NOT MEETING EXISTING EQUIPMENT REQUIREMENTS

(a) Radiation machines or radiation generating devices that do not meet the radiation machine requirements in Section .0600 of this Chapter or radiation generating devices in Rule .0807 of this Chapter shall not be sold, installed, or used prior to the agency completing a review of information regarding the radiation machine and determining if the use of the radiation machine is allowed. The user or manufacturer of the radiation machine shall submit the following to the agency for review:

(1) an application form in accordance with Rule .0203(d) of this Section;

(2) the manufacturer manual;

(3) description of intended use;

(4) operator training provided to the end user;

(5) an independent equipment survey to include the following:

(A) all equipment settings available to the operator;

(B) output at the highest setting; and

(C) leakage radiation around the radiation machine.

(6) an area survey to include the following:

(A) radiation levels in adjacent areas, the operator location, and annual exposure to an operator;

(B) the survey instrument used; and

(C) the name and legible signature of the person who performed the survey.

(7) the hazard level associated with the use of the radiation machine.

(8) means to achieve radiation protection equivalent to the rules of this Section.

(b) After receiving the information in Paragraph (a) of this Rule, the agency will respond to the applicant in writing within 90 calendar days. Upon review, the agency may require additional information to determine if the radiation machine is allowed for use.

History Note: Authority G.S. 104E-7; 104E-20;
Eff. June 1, 1989;
Amended Eff. June 1, 1993;
Transferred and Recodified from 15A NCAC 11 .0212 Eff. February 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025.

10A NCAC 15 .0213 ADDITIONAL REQUIREMENTS: REGISTERED SERVICES

History Note: Authority G.S. 104E-7;
Eff. June 1, 1989;
Amended Eff. June 1, 1993;
Transferred and Recodified from 15A NCAC 11 .0213 Eff. February 1, 2015;
Repealed Eff. October 1, 2025.

SECTION .0500 - INDUSTRIAL RADIOGRAPHY X-RAY MACHINES

Codifier's Note: 10 NCAC 03G .2600 was transferred to 15A NCAC 11 .0500 effective January 4, 1990. Recodification pursuant to G.S. 143B-279.3.

10A NCAC 15 .0501 INDUSTRIAL RADIOGRAPHIC OPERATIONS OF ELECTRONIC RADIATION MACHINES FOR NON-HUMAN USE

(a) Persons conducting industrial radiographic operations using radiation machines shall comply with the following provisions of 10 CFR 34, which are hereby incorporated by reference including subsequent amendments and editions, except references to and the requirements of 10 CFR 30, 37, 71, 150 and 171 contained therein shall not apply:

(1) 10 CFR 34.1, "Purpose and Scope;"

(2) 10 CFR 34.3, "Definitions;" except that the definition of becquerel, control (drive) cable, control drive mechanism, control tube, exposure head, field station, guide tube (projection sheath), S-tube, source assembly, source changer, and storage container, shall not apply. Prior to using industrial radiography all persons shall be registered in accordance with rules in Section .0200 of this Chapter. The following terms apply:

(A) "agreement state" shall have the same meaning as "agency" as defined in G.S 104E-5(2);

(B) "license" shall have the same meaning as "registration" as defined in Rule .0103 of this Chapter;

(C) "licensed" shall have the same meaning as "registered" pursuant to the rules in Section .0200 of this Chapter;

(D) "licensee" shall have the same meaning as "registrant" as defined in Rule .0103 of this Chapter;

(E) "radiation source" shall have the same meaning as "radiation machine" in G.S. 104E-5(13);

(F) "radiographic exposure device" shall have the same meaning as "radiation machine" in G.S 104E-5(13); and

(G) "sealed source" shall have the same meaning as "radiation machine" in G.S 104E-5(13).

(3) 10 CFR 34.25, "Radiation survey instruments." The term "radioactive material" used in 10 CFR 34.25 shall have the same meaning as "radiation machine" in G.S. 104E-5(13);

(4) 10 CFR 34.31(a), (b)(1), and (c), "Inspection and maintenance of radiographic exposure devices, transport and storage containers, associated equipment, source changers, and survey instruments;"

(5) 10 CFR 34.33, "Permanent radiographic installations." The term "radioactive source" used in 10 CFR 34.33 shall have the same meaning as "radiation machine" in G.S. 104E-5(13);

(6) 10 CFR 34.35(c), "Labeling, storage, and transportation;"

(7) 10 CFR 34.41, "Conducting industrial radiographic operations;"

(8) 10 CFR 34.42, "Radiation Safety Officer for industrial radiograph;"

(9) 10 CFR 34.43, "Training;"

(10) 10 CFR 34.45(a)(1) through (a)(3), (a)(5), (a)(7) through (a)(11), (a)(13), and (b), "Operating and emergency procedure;"

(11) 10 CFR 34.46, "Supervision of radiographers' assistants;"

(12) 10 CFR 34.47, "Personnel monitoring;"

(13) 10 CFR 34.49, "Radiation surveys;"

(14) 10 CFR 34.51, "Surveillance;"

(15) 10 CFR 34.53, "Posting;"

(16) 10 CFR 34.61, "Records of the specific license for industrial radiography;"
(17) 10 CFR 34.65, "Records of radiation survey instrument;"
(18) 10 CFR 34.71, "Utilization logs;"
(19) 10 CFR 34.73, "Records of inspection and maintenance of radiographic exposure devices, transport and storage containers, associated equipment, source changers, and survey instruments;"
(20) 10 CFR 34.75, "Record of alarm system and entrance control checks at permanent radiographic installations;"
(21) 10 CFR 34.79, "Records of training and certification;"
(22) 10 CFR 34.81, "Copies of operating and emergency procedures;"
(23) 10 CFR 34.83, "Records of personnel monitoring procedures;"
(24) 10 CFR 34.85, "Records of radiation surveys;"
(25) 10 CFR 34.87, "Form of records;"
(26) 10 CFR 34.89(a), (b)(1 through 10), "Location of documents and records;" and
(27) Appendix A to 10 CFR 34-Radiographer Certification.

(b) Copies of these regulations are available free of charge at https://www.nrc.gov/reading-rm/doc-collections/cfr/part034/index.html.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. May 1, 1993;
Transferred and Recodified from 15A NCAC 11 .0501 Eff. February 1,2015;
Pursuant to G.S.150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025; May 1, 2024.

10A NCAC 15 .0608 THERAPEUTIC X-RAY INSTALLATIONS: LESS THAN ONE MEV
10A NCAC 15 .0609 X-RAY AND ELECTRON THERAPY INSTALLATIONS ONE MEV AND ABOVE

History Note: Authority G.S. 104E-7; 104E-12(a);
Eff. February 1, 1980;
Amended Eff. January1, 1994; May 1, 1992; November 1, 1989;
Transferred and Recodified from 15A NCAC 11 .0608 and .0609 Eff. February 1, 2015;
Repealed Eff. October 1, 2025.

10A NCAC 15 .0802 DEFINITIONS

In addition to terms found in Rule .0103 of this Chapter, the following definitions shall apply to this Section:

(1) "Accredited bomb squad" means a law enforcement agency utilizing certified bomb technicians.
(2) "Accessible surface" means the external or outside surface of the enclosure or housing provided by the manufacturer or designer of the RGD. This includes the high-voltage generator, doors, access panels, latches, control knobs, and other permanently mounted hardware, and including the plane across the exterior edge of any opening.
(3) "Analytical RGD equipment" means equipment that uses electronic means to generate ionizing radiation for the purpose of examining the microstructure of materials using direct x-ray transmission, x-ray diffraction, x-ray fluorescence, and x-ray spectroscopy.
(4) "Analytical RGD system" means a group of local and remote components utilizing x-rays to determine the elemental composition or to examine the microstructure of materials.
(5) "Certified bomb technician" means a member of an accredited bomb squad who has successfully completed the FBI Hazardous Devices School. Information pertaining to this program can be found at http://www.fbi.gov/about-us/cirg/hazardous-devices.
(6) "Certifiable cabinet x-ray system" means an existing uncertified RGD that has been modified to meet the certification requirements specified in 21 C.F.R. 1020.40, as incorporated by reference in Rule .0104 of this Chapter.
(7) "Certified cabinet x-ray system" means an RGD utilized in an enclosed, interlocked cabinet, such that the radiation machine will not operate unless all openings are securely closed. These systems shall be certified in accordance with 21 CFR 1010.2, as incorporated by reference in Rule .0104 of this Chapter, as being manufactured and assembled pursuant to the provisions of 21 C.F.R. 1020.40, as incorporated by reference in Rule .0104 of this Chapter.
(8) "Collimator" means a device or mechanism by which the x-ray beam is restricted in size.
(9) "Control panel" means the part of the x-ray control where the switches, knobs, pushbuttons, and other hardware are, located for manually setting the technique factors.
(10) "Electron Beam Device" means any device using electrons below 1MeV to heat, join, or otherwise irradiate materials.
(11) "Enclosed beam RGD" means an RGD with all possible x-ray beam paths contained in a chamber, coupled chambers, or other beam-path-confinement devices, to prevent any part of the body from intercepting the beam during normal operations. Normal access to the primary beam path, such as a sample chamber door, shall be interlocked with the high voltage of the x-ray tube or the shutter for the beam to be considered "enclosed." An open-beam device placed in an interlocked enclosure is considered an "enclosed beam" unless there are

provisions for routine bypassing of the interlocks.

(12) "Emergency procedure" means the written pre-planned steps to be taken in the event of actual or suspected radiation exposure of an individual exceeding administrative or regulatory limits found in Rule 10A NCAC 15 .1601(a)(8) and .1601(a)(15). This procedure shall include the names and telephone numbers of individuals to be contacted, as well as directives for processing individual monitoring devices.

(13) "Fail-safe characteristics" means a design feature that causes the radiation beam to terminate, port shutters to close, or otherwise prevents emergence of the primary beam upon the failure of a safety or warning device. For example, if an "X-ray On" light indicator, shutter indicator, or interlock fails, the radiation beam shall terminate.

(14) "Gauging device" means a mechanism containing a source of ionizing radiation that is designed and manufactured for the purpose of determining or controlling thickness, density, level, interface location, or qualitative or quantitative composition of materials. It may include components such as radiation shields, useful-beam controls, and other safety features in order to meet the requirements or specifications of the device.

(15) "General-use system" means a security screening system that delivers an effective dose of 25 microrem (0.25 microSv) or less per screening.

(16) "Hand-held x-ray system" means any device or equipment that is portable and used for similar purposes as analytical RGD equipment.

(17) "Individual responsible for radiation protection" means a person who has the knowledge and responsibility to apply appropriate radiation rules, for persons registered with the agency in accordance with Section .0200 of this Chapter, commensurate with the scope of the activities authorized by the registrant.

(18) "Inspection Zone" means the area established for the purpose of controlling access where screening is performed. Areas controlled due to the presence of radiation shall include areas of ingress, egress, gates, portals, and traffic paths. The area outside of the inspection zone shall not exceed the limits of Rule .1601(a)(13) of this Chapter.

(19) "Interlock" means a feature designed to prevent access to an area of radiation hazard by preventing entry or by automatically removing the hazard.

(20) "Ion implantation equipment, low-energy" means any enclosed device operating below 1MeV used to accelerate elemental ions and implant them in other materials.

(21) "Leakage radiation" means radiation emanating from the source assembly housing except for:
(A) the primary beam;
(B) scatter radiation emanating from other components; and
(C) radiation produced when the "beam on" switch or timer is not activated.

(22) "Limited-use system" means a screening system that is capable of delivering an effective dose greater than 25 microrem (0.25 microSv) per screening, but shall not exceed an effective dose of 1 mrem (10 microSv) per screening,

(23) "Local components" means part of an RGD x-ray system and include areas that are struck by x rays, such as radiation source housings, port and shutter assemblies, collimators, sample holders, cameras, goniometers, detectors, and shielding, but do not include power supplies, transformers, amplifiers, readout devices, and control panels.

(24) "Mobile RGD" means RGD equipment mounted on a permanent base with wheels or casters for moving while completely assembled.

(25) "Normal operating procedures" means step-by-step instructions necessary to accomplish a task. These procedures shall include sample insertion and manipulation, equipment alignment, routine maintenance by the registrant, and data recording procedures that are related to radiation safety.

(26) "Open-beam RGD" means a device or system designed in such a way that the primary beam is not completely enclosed during normal operation, when used for analysis, gauging, or imaging, an individual could accidentally place some part of their body in the primary beam or stray radiation path during normal operation.

(27) "Portable RGD" means RGD equipment designed to be carried by hand.

(28) "Primary beam" means radiation that passes through an aperture of the source assembly housing by a direct path from the radiation source.

(29) "Radiation generating device (RGD)" means any system, device, subsystem, or machine component that may generate, by electronic means, x-rays or particle radiation above 5 keV, but below 1 MeV, and not used for healing parts on humans or animals. RGDs may be used as a:
(A) mobile RGD;
(B) portable RGD; or
(C) stationary RGD.

(30) "Remote components" means parts of an RGD x-ray system that are not struck by x-rays, such as power supplies, transformers, amplifiers, readout devices, and control panels.

(31) "Safety Device" means a device, interlock or system that prevents the entry of any portion of an individual's body into the primary x-ray beam or that will cause the beam to shut off upon entry into its path.

(32) "Scattered radiation" means radiation, other than leakage radiation, that during passage through matter, has been deviated in direction or has been modified by a decrease in energy.

(33) "Screening" means the sum of scans necessary for a security screening system to image concealed objects as intended by the system design under normal operating conditions.

(34) "Security screening device" means a non-human use open-beam device designed for the detection of contraband or weapons concealed in baggage, mail, packages, or other structures. These devices include bomb detection devices used for the sole purpose of detecting explosive devices.

(35) "Security screening system" means a system specifically designed to detect contraband and weapons concealed on a person and is used for the sole purpose of public safety and security evaluation by law enforcement.

(36) "Shutter" means an adjustable device, generally made of lead or other high atomic number material, fixed to a source assembly housing to intercept, block, or collimate the primary beam.

(37) "Source" means the point of origin of the radiation, such as the focal spot of an x-ray tube.

(38) "Stationary RGD" means RGD equipment that is installed or placed in a fixed location.

(39) "Stray radiation" means the sum of leakage and scatter radiation emanating from the source assembly or other components, except for the primary beam, and radiation produced when the beam on switch or timer is not activated.

(40) "Warning device" means an audible or visible signal that warns individuals of a potential radiation hazard.

(41) "X-ray generator" means the part of an x-ray system that provides the accelerating (high) voltage and current for the x-ray tube.

(42) "X-ray source housing" means the portion of an RGD system which contains the x-ray tube and emitting target. The housing often contains radiation shielding material or inherently provides shielding.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0802 Eff. February 1, 2015;
Amended Eff. October 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025; November 1, 2024.

10A NCAC 15 .0803 PERSONNEL REQUIREMENTS

(a) The registrant, as defined in 10A NCAC 15 .0103, shall document the scope of training and instruction required for the RGD in use.

(b) No individual shall be permitted to operate or maintain RGDs unless the individual has received instruction in the basic principles of radiation protection, training specific to the manufacturer's recommendations for safe operation and unique features of the RGD in use, and instruction in the operating and emergency procedures. Instruction and training shall include:

(1) Basic principles of radiation protection:
  (A) radiation fundamentals;
  (B) source and magnitude of common sources of radiation exposure;
  (C) units of radiation dose and measurements;
  (D) potential hazards, biological effects of ionizing radiation, and recognition of symptoms of an acute localized exposure;
  (E) ALARA (As Low As Reasonably Achievable) principles for radiation protection concepts of time, distance, and shielding to minimize radiation exposure;
  (F) declared pregnancy policy;
  (G) occupational, embryo/fetus, and public dose limits; and
  (H) proper use of individual monitoring devices and survey instruments.

(2) Device specific training for each RGD:
  (A) hands-on training for proper use;
  (B) radiation hazards associated with use;
  (C) precautions to take or measures required to minimize radiation exposure;
  (D) procedures to prevent unauthorized use; and
  (E) agency rules regarding use.

(3) Operating and emergency procedure requirements of Rule .0804 in this Section.

(c) Records of instruction and training for each individual operating RGDs, documenting that the requirements of this Rule have been met, shall be maintained and available for agency review during inspection.

(d) Persons who will be operating the RGD shall be able to demonstrate an understanding in safe operating procedures and use of the RGD according to the manufacturer's specifications and to an authorized representative of the Radiation Protection Section.

(e) Each registrant shall provide ring or wrist individual monitoring devices to individuals:

(1) operating open-beam RGDs; and

(2) performing maintenance on an RDG, if the maintenance procedures require the presence of a primary x-ray beam when any local component in the RGD is disassembled or removed.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0803 Eff. February 1, 2015;
Amended Eff. October 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025; November 1, 2024.

SECTION .0900 - REQUIREMENTS FOR PARTICLE ACCELERATORS

Codifier's Note: 10 NCAC 03G .3000 was transferred to 15A NCAC 11 .0900 effective January 4, 1990. Recodification pursuant to G.S. 143B-279.3.

10A NCAC 15 .0901 PURPOSE AND SCOPE

(a) This Section establishes procedures for the licensing and the use of particle accelerators.
(b) In addition to the requirements of this Section, all licensees are subject to the requirements of Sections .0100, .0200, .1000, and .1600 of this Chapter, and:

(1) Licensees engaged in the production of radioactive material or possessing radioactive material incidental to operating an accelerator are subject to the requirements of Section .0300 of this Chapter;
(2) Licensees engaged in the treatment of humans are subject to the requirements of Section .1900 of this Chapter, and
(3) Licensees engaged in the veterinary treatment of animals are subject to the requirements of Section .2000 of this Chapter.

(c) Persons engaged in industrial radiographic operations utilizing electronic radiation machines for non-human use are subject to the requirements of Rule .0501 of this Chapter in lieu of the Rules in this Section.
(d) In addition to the requirements of this Section, all particle accelerator licensees are subject to the annual fee provisions contained in Section .1100 of this Chapter.

History Note: Authority G.S. 104E-7; 104E-9(a)(8); 104E-19(a);
Eff. February 1, 1980;
Amended Eff. January 1, 1994; June 1, 1989; July 1, 1982;
Transferred and Recodified from 15A NCAC 11 .0901 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0902 LICENSING REQUIREMENTS

No person shall receive, possess, use, transfer, own, or acquire a particle accelerator except as authorized in a license issued pursuant to these Rules or as otherwise provided for in these Rules. The general procedures for licensing of particle accelerator facilities are included in Rule .0903 of this Section.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. May 1, 1993;
Transferred and Recodified from 15A NCAC 11 .0902 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0903 REQUIREMENTS FOR ISSUANCE OF A LICENSE FOR ACCELERATORS

(a) Application for use of a particle accelerator will be approved only if the agency determines that:

(1) The applicant and the applicant's particle accelerator operators are qualified by reason of training and experience to use the accelerator in such a manner as to minimize danger to public health and safety or property;
(2) The applicant's proposed equipment, facilities, operating and emergency procedures are adequate to protect health and minimize danger to public health and safety or property, and
(3) The applicant's management has appointed a Radiation Safety Officer who agrees, in writing, to be responsible for implementing the radiation protection program. The applicant, through the Radiation Safety Officer, shall ensure that radiation safety activities are being performed in accordance with approved procedures and the requirements of this Section.
(4) The applicant for therapeutic use of a particle accelerator on humans shall:
    (A) have a board-certified physician licensed as outlined in Rule .1903(c)(1) of Section .1900 of this Chapter and licensed to practice medicine in the State of North Carolina; and,
    (B) have a board-certified physicist outlined in Rule .1903(d) of Section .1900 of this Chapter.

(b) Applications required by Paragraph (a) of this Rule shall be made on forms provided by the Agency. Applications and supporting material shall be submitted to the agency via email to Licensing.ram@dhhs.nc.gov unless directed otherwise by the Agency:

(1) Persons applying for new accelerator licenses, or for the renewal of existing accelerator licenses, shall submit an Application for Accelerator License. The instructions for completing the application printed on the application form shall be followed. The following information shall appear on the application:
    (A) legal business name and mailing address;
    (B) physical address(es) where accelerators shall be used or possessed. The application shall indicate if accelerators shall be used at temporary jobsites;
    (C) the name, telephone number, and e-mail address of the Radiation Safety Officer;

(D) the name, telephone number, and e-mail address of the individual to be contacted about the application. If this individual is same as the Radiation Safety Officer, the application may so state;

(E) the application shall indicate if the application is for a new license, or for the renewal of an existing license, by marking the corresponding check box;

(F) if the application is for the renewal of an existing license, the license number shall be provided on the application;

(G) applicants shall indicate the type and category of license as shown on the form by marking the corresponding check box; and

(H) the printed name, title, and signature of the certifying official. The certifying official shall be an individual employed by the business or licensee, who is authorized by the licensee to sign license applications on behalf of the business or licensee.

(2) Persons applying for an amendment to an existing license shall submit an Application for Amendment of Radioactive Materials and Accelerator Licenses. The instructions for completing the application printed on the application form shall be followed. The following information shall appear on the application:

(A) the license number;

(B) amendment number of the current license;

(C) expiration date of the license;

(D) licensee name as it currently appears on the license;

(E) the name, telephone number, and e-mail address of the Radiation Safety Officer;

(F) the name, telephone number, and e-mail address of the individual to be contacted about the application. If this individual is same as the Radiation Safety Officer, item 5b on the application may be left blank;

(G) applicants shall provide a description of the action requested by marking the corresponding checkbox in item 6a. If the check box next to "Other" is marked in item 6a, provide a brief description of the action requested in the space provided in item 6b;

(H) explanation of the action requested; and

(I) the printed name, title, and signature of the certifying official. The certifying official shall be an individual employed by the business or licensee who is authorized by the licensee to sign license applications on behalf of the business or licensee.

(3) Applications specified in this Rule are available at: https://radiation.ncdhhs.gov/rms/rmsforms2.htm(Rev01).htm.

History Note: *Authority G.S. 104E-7;*
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0903 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0904 LIMITATIONS

(a) No licensee shall permit any person to act as a particle accelerator operator until such person:

(1) has been instructed in radiation safety and shall have demonstrated an understanding thereof;

(2) has received copies of, and instruction in, this Section and the applicable requirements of this Chapter, pertinent licensing conditions, and the licensee's operating and emergency procedures; and

(3) has demonstrated competence to use the particle accelerator, related equipment, and survey instruments which will be employed in their assignment.

(b) The Radiation Safety Officer shall have the authority to terminate the operations at a particle accelerator facility if this action is deemed necessary to minimize danger to public health and safety or property.

History Note: *Authority G.S. 104E-7;*
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0904 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0905 SHIELDING AND SAFETY DESIGN

(a) For medical use, a qualified expert registered to provide Class VII services by the Agency pursuant to Rule .0205 of this Chapter, or an Authorized Medical Physicist named on the licensee's license, shall be consulted in the design of a particle accelerator installation and shall perform a radiation survey when the accelerator is first capable of producing radiation to verify that radiation levels and shielding effectiveness meet the applicable requirements in this Chapter.

(b) For Veterinary use, a qualified expert registered to provide Class VII services pursuant to Rule .0205 of this Chapter by the Agency or an Authorized Medical Physicist named on the licensee's license, shall be consulted in the design of a particle accelerator installation and shall perform a radiation survey when the accelerator is first capable of producing radiation to verify that radiation levels and shielding effectiveness meet the applicable requirements in this Chapter.

(c) For non-medical use, a qualified expert registered to provide Class VII or Class IX services by the Agency pursuant to Rule .0205 of this Chapter, an individual with a Master's Degree in physics or higher, or the licensee's Radiation Safety Officer shall be consulted in the design of a particle accelerator and shall perform a radiation survey when the accelerator is first capable of producing radiation to verify that radiation levels and shielding effectiveness meet the applicable requirements in this Chapter. The Radiation Safety Officer may delegate performing the radiation survey to another individual provided the Radiation Safety Officer reviews the final survey results.
(d) Persons registered with the Agency to provide Class VII services providing shielding and design, or post-installation survey services to demonstrate compliance with Rule .1601 of this Chapter prior to the effective date of this Rule shall be authorized to conduct activities authorized by Paragraphs (a) – (c) of this Rule.
(e) A copy of the survey performed to document compliance with Rule .1601 of the Chapter shall be submitted to the agency by the licensee prior to use of the particle accelerator for its licensed purpose.
(f) Plans for construction of accelerator installations shall be submitted to the Agency.
(g) Each particle accelerator installation shall be provided with such primary and secondary barriers as are necessary to assure compliance with Rule .1601 of this Chapter.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. January 1, 1994;
Transferred and Recodified from 15A NCAC 11 .0905 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0906 CONTROLS AND INTERLOCK SYSTEMS
(a) Instrumentation, readouts, and controls on the particle accelerator control console shall be clearly identified and easily discernible.
(b) All entrances into a target room or other high radiation area shall conform to the requirements of Rule .1601 of this Chapter.
(c) When an interlock system has been tripped, it shall only be possible to resume operation of the accelerator by manually resetting the interlock that has been tripped.
(d) Each safety interlock shall operate independently of all other safety interlocks.
(e) All safety interlocks shall be fail-safe, meaning that safety interlocks are designed so that any defect or component failure in the interlock system prevents operation of the accelerator.
(f) A "Scram button" or other emergency power cut-off switch shall be located and easily identifiable in all high radiation areas and at the control console. Such a cut-off switch shall include a manual reset so that the accelerator cannot be restarted from the accelerator control console without first manually resetting the cut-off switch.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. January 1, 1994;
Transferred and Recodified from 15A NCAC 11 .0906 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0907 WARNING DEVICES
(a) Except in facilities designed for human exposure, all locations designated as high radiation areas and entrances to such locations shall be equipped with easily observable warning lights that operate only when radiation is being produced. Facilities designed for human exposure shall be equipped with easily observable warning lights outside the entrances to high radiation areas that operate only when radiation is being produced.
(b) Except in facilities designed for human exposure, each high radiation area shall have an audible warning device which shall be activated for 15 seconds prior to operating equipment capable of creating a high radiation area. This warning device shall be clearly discernible in all high radiation areas and all radiation areas.
(c) All barriers and pathways leading to high radiation areas shall be identified in accordance with Rule .1601 of this Chapter.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. January 1, 1994;
Transferred and Recodified from 15A NCAC 11 .0907 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0908 OPERATING PROCEDURES
(a) Particle accelerators, when not in operation, shall be secured to prevent unauthorized use.
(b) Only a switch on the accelerator control console shall be used to turn the accelerator beam "on" and "off". The safety interlock system shall not be used to turn off the accelerator beam except in an emergency.
(c) All safety and warning devices, including interlocks shall be checked for proper operability at least every six months unless more frequent checks are required by the Agency. Results of such tests shall be maintained for two years at the accelerator facility for inspection by the Agency.
(d) If, for any reason, it is necessary to intentionally bypass a safety interlock or interlocks, such action shall be:
(1) authorized by the Radiation Safety Officer;
(2) recorded in a permanent log and a notice posted at the accelerator control console and at the location of the bypassed interlock; and
(3) terminated as soon as possible.
(e) A copy of the current operating and the emergency procedures shall be maintained at the accelerator control panel.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0908 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

10A NCAC 15 .0909 RADIATION MONITORING REQUIREMENTS

(a) Except for persons licensed for activities authorized by Section .1900 of this Chapter possessing non-portable therapeutic radiation machines, portable monitoring equipment shall be available at each particle accelerator facility. Such equipment shall be tested for proper operation monthly and calibrated at intervals not to exceed one year, and after each servicing and repair.

(b) A radiation protection survey shall be performed and documented by a qualified expert registered by the Agency pursuant to Rule .0205 of this Chapter for the provision of Class VII, Class IX services or an Authorized Medical Physicist named on the licensee's license when changes have been made in shielding, operation, equipment, or occupancy of adjacent areas. The licensee shall submit the report or a copy of the report to the Agency by email to licensing.ram@dhhs.nc.gov or at one of the addresses found in Rule .0111(a) of this Chapter.

(c) Except for facilities designed for human exposure, radiation levels in all high radiation areas shall be continuously monitored. The monitoring devices shall be electrically independent of the accelerator control and interlock systems and capable of providing a remote and local readout with visual or audible alarms at the control panel and other appropriate locations.

(d) All area monitors shall be tested for proper operation at least every six months unless more frequent checks are required by the Agency.

(e) Surveys shall be performed to determine the amount of airborne particulate radioactivity present in areas of airborne hazards at least annually.

(f) Whenever applicable, periodic smear surveys shall be made to determine the degree of contamination in target and other pertinent areas.

(g) All area surveys shall be made in accordance with written procedures approved by the Radiation Safety Officer of the accelerator facility.

(h) Records of all radiation protection surveys, calibration results, instrumentation tests, and smear results shall be kept current and on file at each accelerator facility for two years for inspection by the Agency.

History Note: Authority G.S. 104E-7; 104E-12(a);
Eff. February 1, 1980;
Amended Eff. October 1, 1980;
Transferred and Recodified from 15A NCAC 11 .0909 Eff. February 1, 2015;
Readopted October 1, 2025.

10A NCAC 15 .0910 VENTILATION SYSTEMS

(a) Adequate ventilation shall be provided in areas where airborne radioactivity may be produced to comply with Rule .1601 of this Chapter.

(b) The licensee shall not vent, release or otherwise discharge airborne radioactive material to an unrestricted area in excess of the limits specified in Rule .1601 of this Chapter.

History Note: Authority G.S. 104E-7;
Eff. February 1, 1980;
Amended Eff. January 1, 1994; May 1, 1992;
Transferred and Recodified from 15A NCAC 11 .0910 Eff. February 1, 2015;
Readopted Eff. October 1, 2025.

Codifier's Note: 10A NCAC 03G .3100 was transferred to 15A NCAC 11 .1000 effective January 4, 1990. Recodification pursuant to G.S. 143B-279.3.

SECTION .1000 - NOTICES: INSTRUCTIONS: REPORTS AND INSPECTIONS

10A NCAC 15 .1001 NOTICES, INSTRUCTIONS, AND REPORTS TO EMPLOYEES

(a) Persons registered with the agency pursuant to the rules in Section .0200 of this Chapter and persons licensed under the rules in Sections .0300, .0900, .1200, and .1300 of this Chapter shall comply with the provisions of 10 CFR 19 as follows, which are hereby incorporated by reference including subsequent amendments and editions, except that references to and requirements for 10 CFR 2, 50, 52, 54, 60, 63, 72, and 76 shall not apply:

(1) 10 CFR 19.1, "Purpose;"
(2) 10 CFR 19.2, "Scope;"
(3) 10 CFR 19.3, "Definitions," except that the definition of "regulated activities" and "regulated entities" shall not apply. For persons registered with the Agency pursuant to the rules in Section .0200 of this Chapter, the following terms used in 10 CFR 19 shall have the following substitutions:
    (A) "license" shall have the same meaning as "registration" as defined in Rule .0103(b) of this Chapter;
    (B) "licensed" means "registered" as defined in Rule .0103(b) of this Chapter;
    (C) "licensee" shall have the same meaning as "registrant" as defined in Rule .0103(b) of this Chapter;
    (D) "materials" shall have the same meaning as "radiation machine" as defined in Rule .0103(b) of this Chapter;
    (E) "NRC-licensed" means "registered"; and
    (F) "radioactive material" shall have the same meaning as "radiation machine" as defined in Rule .0103(b) of this Chapter.
(4) 10 CFR 19.5, "Communications," except that licensees and registrants shall address communications and reports to the Agency as instructed by Rule .0111 of this Chapter in lieu of the NRC;
(5) 10 CFR 19.11, "Posting of notices to workers," except that 19.11(b) and (e) shall not apply;
    (A) NRC Form 3 shall not be used in lieu of the Notice to Employees issued by

the Agency, except as authorized by the Agency in writing;

(B) licensees and registrants shall not post other notices, postings, notes, or other materials over the Notice to Employees, nor shall equipment be placed in such a manner that the Notice to Employees is obscured or hidden by that equipment; and

(C) additional copies of the Notice to Employees may be obtained free of charge from the Agency by contacting the Agency at the addresses shown in Rule .0111(a) of this Chapter in lieu of the NRC, or online at https://radiation.ncdhhs.gov/;

(6) 10 CFR 19.12, "Instructions to workers;"

(7) 10 CFR 19.13, "Notifications and reports to individuals;"

(8) 10 CFR 19.14, "Presence of representatives of licensees and regulated entities, and workers during inspections," except that 19.14(a) shall not apply;

(9) 10 CFR 19.15, "Consultation with workers during inspections;"

(10) 10 CFR 19.16, "Requests by workers for inspections." Requests for inspections shall be mailed or delivered to the Agency as instructed by Rule .0111(a) of this Chapter in lieu of the NRC;

(11) 10 CFR 19.17, "Inspections not warranted; informal review." Communications regarding the agency's decisions with respect to a request for inspection submitted to the Agency under Subparagraph (a)(10) shall be mailed or delivered to the Agency as instructed by Rule .0111(a) of this Chapter in lieu of the NRC;

(12) 10 CFR 19.18, "Sequestration of witnesses and exclusion of counsel in interviews conducted under subpoena;"

(13) 10 CFR 19.20, "Employee protection;"

(14) 10 CFR 19.31, "Application for exemptions," except that the request for exemption shall be made on the licensee's or registrant's business letterhead. Requests for exemptions from the requirements of this Rule shall be made to the Agency at the addresses shown in Rule .0111(a) of this Chapter in lieu of the NRC or as otherwise instructed by the Agency. To request an exemption, the following information shall be submitted to the Agency:

(A) licensee or registrant name;

(B) license or registration number;

(C) name of the individual requesting the exemption;

(D) contact information for the individual requesting the exemption;

(E) a description of the exemption being requested; and

(F) an explanation describing why the exemption is necessary.

(b) Notwithstanding Subparagraph (a)(5) of this Rule, registrants temporarily working in North Carolina and licensees working in North Carolina under reciprocity may post the Notice to Employees, NRC Form 3, or an equivalent form issued under the authority of the regulatory agency issuing the registration or license.

(c) Copies of these regulations are available free of charge at https://www.nrc.gov/reading-rm/doc-collections/cfr/part019/.

History Note: Authority G.S. 104E-7; 104E-12;
Eff. February 1, 1980;
Amended Eff. May 1, 1993; June 1, 1989;
Transferred and Recodified from 15A NCAC 11 .1001 Eff. February 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 22, 2019;
Amended Eff. October 1, 2025; October 1, 2023.

SECTION .1600 - STANDARDS FOR PROTECTION AGAINST RADIATION

10A NCAC 15 .1601 STANDARDS FOR PROTECTION AGAINST RADIATION

(a) Persons registered with the agency pursuant to the rules in Section .0200 of this Chapter and persons licensed pursuant to the rules in Section .0300, .0900, .1200, or .1300 of this Chapter shall comply with the provisions of 10 CFR 20 as follows, which are hereby incorporated by reference including subsequent amendments and editions, except references to and requirements for 10 CFR 50, 52, 60, 63, 72, 73, and 76 shall not apply:

(1) 20.1001, "Purpose," except that non-ionizing radiation from radiation machines registered in accordance with the rules in Section .0200 of this Chapter shall also be regulated by this Rule;

(2) 20.1002, "Scope;"

(3) 20.1003, "Definitions," except that for persons registered with the agency pursuant to the rules in Section .0200 of this Chapter, the following terms used in 10 CFR 20 shall have the following substitutions:

(A) "license" shall have the same meaning as "registration" as defined in Rule .0103(b) of this Chapter;

(B) "licensed" shall have the same meaning as "registered" as defined in Rule .0103(b) of this Chapter;

(C) "licensed material" shall have the same meaning as "radiation machine" as defined in Rule .0103(b) of this Chapter, and

(D) "licensee" shall have the same meaning as "registrant" as defined in Rule .0103(b) of this Chapter;

(4) 20.1004, "Units of radiation dose;"

(5) 20.1005, "Units of radioactivity;"

(6) 20.1007, "Communications," except that licensees and registrants shall address

communications regarding these rules, notifications, and reports to the Agency as instructed by Rule .0111 of this Chapter in lieu of the NRC;

(7) 20.1101, "Radiation protection programs;"
(8) 20.1201, "Occupational dose limits for adults;"
(9) 20.1202, "Compliance with requirements for summation of external and internal doses;"
(10) 20.1203, "Determination of external dose from airborne radioactive material;"
(11) 20.1204, "Determination of internal exposure;"
(12) 20.1206, "Planned special exposures;"
(13) 20.1207, "Occupational dose limits for minors;"
(14) 20.1208, "Dose equivalent to an embryo/fetus;"
(15) 20.1301, "Dose limits for individual members of the public;"
(16) 20.1302, "Compliance with dose limits for individual members of the public;"
(17) 20.1401, "General provisions and scope;"
(18) 20.1402, "Radiological criteria for unrestricted use;"
(19) 20.1403, "Criteria for license termination under restricted conditions;"
(20) 20.1404, "Alternate criteria for license termination;"
(21) 20.1405, "Public notification and public participation," except the Agency shall not publish a notice in the Federal Register;
(22) 20.1406, "Minimization of contamination," except that 20.1406(b) shall not apply;
(23) 20.1501, "General;"
(24) 20.1502, "Conditions requiring individual monitoring of external and internal occupational dose;"
(25) 20.1601, "Control of access to high radiation areas;"
(26) 20.1602, "Control of access to very high radiation areas;"
(27) 20.1701, "Use of process or other engineering controls;"
(28) 20.1702, "Use of other controls;"
(29) 20.1703, "Use of individual respiratory protection equipment;"
(30) 20.1704, "Further restrictions on the use of respiratory equipment;"
(31) 20.1705, "Application for use of higher assigned protection factors;"
(32) 20.1801, "Security of stored material;"
(33) 20.1802, "Control of material not in storage;"
(34) 20.1901, "Caution signs;"
(35) 20.1902, "Posting requirements;"
(36) 20.1903, "Exceptions to posting requirements;"
(37) 20.1904, "Labeling containers;"
(38) 20.1905, "Exemptions to labeling requirements," except that 20.1905(g) shall not apply;
(39) 20.1906, "Procedures for receiving and opening packages;"
(40) 20.2001, "General requirements;"
(41) 20.2002, "Method for obtaining approval of proposed disposal procedures;"
(42) 20.2003, "Disposal by release to sanitary sewerage;"
(43) 20.2004, "Treatment or disposal by incineration;"
(44) 20.2005, "Disposal of specific wastes;"
(45) 20.2006, "Transfer for disposal and manifests;"
(46) 20.2007, "Compliance with environmental and health protection regulations;"
(47) 20.2008, "Disposal of certain byproduct material;"
(48) 20.2101, "General provisions;"
(49) 20.2102, "Records of radiation protection programs;"
(50) 20.2103, "Records of surveys;"
(51) 20.2104, "Determination of prior occupational dose;"
(52) 20.2105, "Records of planned special exposures;"
(53) 20.2106, "Records of individual monitoring results;"
(54) 20.2107, "Records of dose to individual members of the public;"
(55) 20.2108, "Records of waste disposal;"
(56) 20.2110, "Form of records;"
(57) 20.2201, "Reports of theft or loss of material." Persons registered with the Agency pursuant to the rules in Section .0200 of this Chapter shall make telephone reports of the theft or loss of radiation machines in accordance with 20.2201(a)(1)(i);
(58) 20.2202, "Notifications of incidents;"
(59) 20.2203, "Reports of exposures, radiation levels, and concentrations of radioactive material exceeding the constraints or limits," except that 20.2203(c) shall not apply;
(60) 20.2204, "Reports of planned special exposures;"
(61) 20.2205, "Reports to individuals exceeding dose limits;"
(62) 20.2206, "Reports of individual monitoring," except that 20.2206(a)(1), and 20.2206(a)(3) through (a)(5) shall not apply. The report required by 20.2206(b) shall be submitted upon request by the agency in lieu of the requirements of 20.2206(c);
(63) 20.2207, "Reports of transactions involving nationally tracked sources." Notwithstanding Subparagraph (a)(6) of this Rule, reports required by this Subparagraph shall be made in accordance with 20.2207(f) and (g);
(64) 20.2301, "Application for exemptions," except that the request for exemption shall be made on the licensee's or registrant's business letterhead. Requests for exemptions from the requirements of this Rule shall be made to the Agency at the addresses shown in Rule .0111(a) of this

Chapter in lieu of the NRC or as otherwise instructed by the Agency. To request an exemption, the following information shall be submitted to the Agency:

(A) licensee or registrant name;
(B) license or registration number;
(C) name and contact information for the individual requesting the exemption;
(D) a description of the exemption being requested, and
(E) an explanation describing why the exemption is necessary;

(65) 20.2302, "Additional requirements;"
(66) Appendix A to Part 20, "Assigned Protection Factors for Respirators;"
(67) Appendix B to Part 20, "Annual Limits on Intake (ALIs) and Derived Air Concentrations (DACs) of Radionuclides for Occupational Exposure; Effluent Concentrations; Concentrations for Release to Sewerage;"
(68) Appendix C to Part 20, "Quantities of Radioactive Material Requiring Labeling;"
(69) Appendix E to Part 20, "Nationally Tracked Source Thresholds," and
(70) Appendix G to Part 20, "Requirements for Transfers of Low-Level Radioactive Waste Intended for Disposal at Licensed Land Disposal Facilities and Manifests."

(b) Exposure of a personnel monitoring device to deceptively indicate a dose delivered to an individual is prohibited.
(c) Licensees and registrants shall continue to perform all activities required by the rules of this Chapter, license or registration condition, and shall pay annual fees as instructed on an invoice issued by the Agency until the license or registration is terminated. Registrants shall maintain registration of all radiation machines under their control until those units are disposed.
(d) Nothing in the rules of this Chapter shall relieve any person of responsibility for complying with other applicable North Carolina laws and rules.
(e) Copies of these regulations are available free of charge at https://www.nrc.gov/reading-rm/doc-collections/cfr/part020/.

History Note: Authority G.S. 104E-7(a)(2);
Eff. January 1, 1994;
Amended Eff. August 1, 1998;
Transferred and Recodified from 15A NCAC 11 .1601 Eff. February 1, 2015;
Readopted Eff. October 1, 2023;
Amended Eff. October 1, 2025.

SECTION .1900 – THERAPEUTIC RADIATION MACHINES

10A NCAC 15 .1901 PURPOSE AND SCOPE

(a) This Section establishes requirements for use of therapeutic radiation machines to treat disease in humans. The requirements of this Section are in addition to the requirements of Sections .0100, .0200, .0900, .1000, and .1600 of this Chapter.
(b) The use of therapeutic radiation machines shall be by, or under the supervision of, a licensed practitioner of the healing arts who meets the training and experience criteria established by Rule .1903(c) of this Section.
(c) In addition to the requirements of this Section, all therapeutic radiation machine licensees are subject to the annual fee provisions contained in Section .1100 of this Chapter.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .1902 DEFINITIONS

(a) As used in this Section, the following definitions apply:

(1) "Acceptance testing" means an evaluation of equipment and systems to confirm they meet the specifications stated by the manufacturer.
(2) "Annually" means at intervals not to exceed 12 consecutive months, plus or minus 30 days.
(3) "Authorized Medical Physicist" means an individual authorized in accordance with Rule .1903(d) of this Section.
(4) "Authorized user" means a physician who meets the training requirements of Rule .1903(c) of this Section and is authorized by license condition to use a therapeutic radiation machine covered by this Section.
(5) "Barrier" see "Protective barrier".
(6) "Biennially" means at intervals not to exceed 24 consecutive months, plus or minus 30 days.
(7) "Commissioning" means an intricate and methodical process designed to:
(A) acquire needed machine-specific beam data;
(B) validate the safe, accurate, and effective operation of a therapeutic radiation machine, treatment planning systems, ancillary systems, and associated procedural protocols; and,
(C) set baseline for future measurements for performance constancy.
(8) "Dosimetry systems" means radiation detecting equipment that may be used to characterize the radiation beam and quantify the energy it may deposit within a medium.
(9) "Electronic brachytherapy" means a method of radiation therapy where an electrically generated source of ionizing radiation is placed in or near the tumor or target tissue to deliver therapeutic radiation dosage.
(10) "Electronic brachytherapy device" means the system used to produce and deliver therapeutic radiation including the x-ray tube, the control mechanism, the cooling system, and the power source.
(11) "Electronic brachytherapy source" means the x-ray tube component used in an electronic brachytherapy device.

(12) "External beam radiation therapy" means therapeutic irradiation in which the source of radiation is at a distance from the body.

(13) "Human research subject" means an individual defined pursuant to 10A NCAC 15 .0307(a)(4) and shall include radiation therapy treatments covered by this Section.

(14) "Interlock" means a device preventing the start or continued operation of equipment unless certain predetermined conditions prevail.

(15) "Interruption of irradiation" means the stopping of irradiation with the possibility of continuing irradiation without resetting of operating conditions at the control panel.

(16) "Irradiation" means the exposure of a living being or matter to ionizing radiation.

(17) "Isocenter" means the center of the sphere through which the useful beam axis passes while the gantry moves through its full range of motions.

(18) "Kilovolt," "kV," "kilo electron volt," and "keV" means the energy equal to that acquired by a particle with one electron charge in passing through a potential difference of one thousand volts in a vacuum. Current convention is to use kV for photons and keV for electrons.

(19) "Leakage radiation" means radiation emanating from the radiation therapy system except for the useful beam.

(20) "Licensee" means any person who is licensed by the agency pursuant to the rules of this Section .0900 of this Chapter.

(21) "Light field" means the area illuminated by light, simulating the radiation field.

(22) "Megavolt," "MV," "mega electron volt," and "MeV" means the energy equal to that acquired by a particle with one electron charge in passing through a potential difference of one million volts in a vacuum. Current convention is to use MV for photons and MeV for electrons.

(23) "Method of Delivery" means mode of radiation to be used during treatment, which may include photons, electrons, or protons.

(24) "Patient" means an individual, for whom a written directive is intended, subjected to machine produced radiation for the purposes of medical therapy.

(25) "Periodic quality assurance check" means a procedure which is performed to ensure that a previous parameter or condition continues to be valid.

(26) "Physician" means a person licensed to practice medicine in North Carolina pursuant to G.S. 90, Article 1.

(27) "Prescribed dose" means the total dose and dose per fraction as documented in the written directive.

(28) "Primary protective barrier" (see "Protective barrier").

(29) "Protective barrier" means a barrier of radiation absorbing material(s) used to reduce radiation exposure. The types of protective barriers are as follows:

(A) "Primary protective barrier" means the material, excluding filters, placed in the useful beam.

(B) "Secondary protective barrier" means the material which attenuates stray radiation.

(30) "Qualified Expert" means a person registered by the agency pursuant to Rule .0205 of this Chapter for the provision of Class VII services and who meets the training and experience requirements listed in Rule .0214(a)(7)(A) or (B) of this Chapter.

(31) "Quarterly" means at intervals not to exceed 13 consecutive weeks, plus or minus 7 consecutive days.

(32) "Radiation oncology safety team" means, minimally, a group of individuals consisting of an authorized user, authorized medical physicist, medical dosimetrist, radiation therapist and oncology nurse whose purpose is to work together to deliver radiation safely and reproducibly.

(33) "Referring physician" means the physician whom referred the patient or human research subject to the licensee for specialized care.

(34) "Semiannually" means at intervals not to exceed 6 consecutive months, plus or minus 15 consecutive days.

(35) "Sievert" and "Sv" mean the SI unit of dose equivalent measured as joule per kilogram.

(36) "Supervision" shall be defined as follows:

(A) "General supervision" means the activity is performed under the overall direction and control of a supervising individual. The supervising individual's physical presence shall not be required during the performance of the procedure but must be available by phone to provide assistance and direction if needed.

(B) "Direct supervision" means an individual exercise General Supervision and be present within the facility and immediately available to furnish assistance and direction throughout the performance of the activity. Direct Supervision does not require that the supervising individual must be present in the room when the procedure is being performed.

(C) "Personal supervision" means an individual exercises General Supervision and be present in the room during the performance of the procedure.

(37) "Therapeutic radiation machine" means equipment that is designed and used for external beam radiation therapy in the healing arts. For these regulations, devices used to administer electronic brachytherapy shall also be considered therapeutic radiation machines.

(38) "Therapeutic radiation machine medical event" means an event that meets the criteria in Rule .1905(a)(4).

(39) "Treatment room shielding" means a location which contains fixed protective barriers to limit radiation exposures to members of the public and occupationally exposed workers to within regulatory limits.

(40) "Weekly" means at least once per calendar week.

(41) "Written directive" means an order in writing for the administration of radiation to a specific patient or human research subject, as specified in .1905(a)(1).

(b) Definitions of certain other words and phrases used in the Rules in this Section are set forth in Rules .0103, .1001 and .1601 of this Chapter.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .1903 GENERAL ADMINISTRATIVE REQUIREMENTS FOR FACILITIES USING THERAPEUTIC RADIATION MACHINES

(a) The licensee shall be responsible for directing the operation of the therapeutic radiation machines that have been licensed with the Agency. The licensee or the licensee's agent shall ensure that the requirements of this Section are met in the operation of the therapeutic radiation machines.

(b) A therapeutic radiation machine that does not meet the provisions of these rules shall not be used for irradiation of patients or human research subjects.

(c) Training for Therapeutic Radiation Machine Authorized Users: The licensee for any therapeutic radiation machine subject to Rules within this Paragraph shall require the authorized user to be a physician who:

(1) Holds Certification in General Radiology issued by the American Board of Radiology of a physician who confines their professional practice to radiation oncology or certification in Radiation Oncology or Therapeutic Radiology issued by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or the Collège des Médecins du Québec; or

(2) Has satisfactory completion of a radiation oncology residency program approved by the American Council of Graduate Medicine Education, the Royal College of Physicians and Surgeons of Canada, the Collège des Médecins du Québec, or the American Osteopathic Association. Radiation oncologists who are eligible for certification by one of the certifying organizations listed in Subparagraph (c)(1) of this Rule but not yet certified by the date of initial employment shall be certified by one of the certifying organizations listed in Subparagraph (c)(1) of this Rule within 6 years of initial certification eligibility; and,

(3) Be an individual listed on an Agency or an Agreement State medical accelerator license as an authorized user on or before the effective date of this Rule. Individuals listed on an Agency or Agreement State medical accelerator license as Authorized Users need not comply with Subparagraphs (c)(1) through (c)(2) of this Rule, except they must meet the training requirements defined in this Rule for any uses for which they were not authorized on or before the effective date of this Rule, and shall document 75 hours of continuing education every three years that is acceptable to the certifying organizations identified in Subparagraphs (c)(1) through (c)(2) of this Rule.

(d) Training for Authorized Medical Physicist: The licensee for any therapeutic radiation machine subject to Rules within this Section shall require the Authorized Medical Physicist to:

(1) Be certified and maintain certification by the American Board of Radiology in:
(A) Therapeutic Radiological Physics; or
(B) Therapeutic Medical Physics; or

(2) Be certified and maintain certification by the American Board of Medical Physics in Radiation Oncology Physics; or

(3) Be certified and maintain certification by the Canadian College of Medical Physics in Radiation Oncology Physics; or,

(4) Be an individual listed on an Agency or an Agreement State medical accelerator license as an authorized medical physicist on or before the effective date of this Rule. Individuals listed on an Agency or Agreement State medical accelerator license need not comply with Subparagraphs (d)(1) through (d)(3) of this Rule, except they must meet the training requirements defined in other Paragraphs of this Rule for any uses for which they were not authorized on or before the effective date of this Rule, and shall document 75 hours of accredited continuing education every three years that is acceptable to the certifying organizations identified in Subparagraphs (d)(1) through (d)(3) of this Rule.

(e) Training for Therapeutic Radiation Machine Radiation Safety Officer: The licensee for any therapeutic radiation machine subject to Rules within this Paragraph shall require the Radiation Safety Officer:

(1) Be listed as an Authorized User or Authorized Medical Physicist on the license; or,

(2) Be certified by the American Board of Health Physics in Health Physics; or,

(3) Be certified by the American Board of Science in Nuclear Medicine in Radiation Protection; or,

(4) Be certified by the American Board of Radiology in:

(A) Diagnostic Radiologic Physics;

(B) Diagnostic Medical Physics;

(C) Medical Nuclear Physics;

(D) Nuclear Medical Physics; or,

(5) Be certified by the American Board of Medical Physics in Medical Health Physics; or,

(6) Be an individual listed on an Agency or an Agreement State medical accelerator license as a Therapeutic Radiation Machine Radiation Safety Officer on or before the effective date of this Rule. Individuals listed on an Agency or Agreement State medical accelerator on or before the effective date of this Rule need not comply with Subparagraphs (e)(1) through (e)(5) of this Rule, except they must meet the training requirements in radiation safety, regulatory issues, and emergency procedures for the types of use for which they were not authorized on or before the effective date of this Rule, and shall document 60 hours of accredited continuing education every three years that is acceptable to the certifying organizations identified in Subparagraphs (e)(2) through (e)(5) of this Rule.

(f) Qualifications of Operators:

(1) Direct Human Use – Operators: Individuals who will be operating a therapeutic radiation machine on humans or irradiation of products to be used by humans, shall:

(A) Be a registered Radiation Therapy Technologists by the American Registry of Radiologic Technologists; or,

(B) Be American Registry of Radiologic Technologists registry-eligible as Radiation Therapy Technologists provided the individual is under the personal supervision of an individual that meets the requirements of Subparagraph (A) of this Paragraph; and,

(C) Successfully complete a licensee-developed initial and ongoing competency program in the use of the therapeutic radiation machine as well as other ancillary systems used by the operator in medical use applications. This competency program shall be documented, and records shall include the list of topics evaluated, and each individual's completion of the competency program shall be approved, signed, and dated. Records required by this Subparagraph shall be maintained for a minimum of three years.

(2) Non-direct Human Use – Operators: Individuals who will be operating a therapeutic radiation machine for the purposes of quality assurance and/or non-human research, shall:

(A) Comply with Paragraph (d) of this Rule; or,

(B) Comply with Subparagraph (1)(A) of this Paragraph; or,

(C) Comply with the requirements of Section .0900 of this Chapter; and,

(D) Successfully complete a licensee-developed initial and ongoing competency program in the use of the therapeutic radiation machine as well as other ancillary systems used by the operator for quality assurance or non-human research. The competency program shall be documented, and records shall include the list of topics evaluated, and each individual's completion of the competency program shall be approved, signed, and dated. Records required by this subparagraph shall be maintained for a minimum of three years.

(g) Documented safety procedures shall be developed by an Authorized Medical Physicist and shall be readily accessible in the control area of a therapeutic radiation machine, including any restrictions required for the safe operation of the therapeutic radiation machine. The operator shall be able to demonstrate familiarity with these rules.

(h) Individuals shall not be exposed to the useful beam except for medical therapy purposes and unless such exposure has been ordered in writing by a therapeutic radiation machine authorized user. This provision specifically prohibits deliberate exposure of an individual for training, demonstration, or other non-healing-arts purposes.

(i) Visiting Authorized User: A licensee may permit any physician to act as a visiting authorized user under the term of the licensee's license for a total of 60 days per calendar year under the following conditions:

(1) The visiting authorized user has the prior approval of the licensee's facility management; and

(2) The visiting authorized user meets the requirements established for authorized user(s) in Subparagraph (c) of this Rule; and

(3) The licensee shall maintain copies of the documentation of the approval and that the visiting authorized user met the requirements of Subparagraph (i)(2) of this Rule for three years from the date of the last visit.

(j) Visiting Authorized Medical Physicist: A licensee may permit any medical physicist to act as a visiting authorized medical

physicist under the term of the licensee's license for a total of 60 days per calendar year under the following conditions:

(1) The visiting qualified medical physicist has the prior approval of the licensee's facility management; and

(2) The visiting authorized medical physicist meets the requirements established for authorized medical physicists in Subparagraphs (d) of this Rule; and

(3) The licensee shall maintain copies of the documentation of the approval and proof that the visiting authorized medical physicist met the requirements of Subparagraph (j)(2) of this Rule for three years from the date of the last visit.

(k) All individuals associated with the operation of a therapeutic radiation machine shall be instructed in and shall comply with the provisions of the licensee's quality management program. In addition to the requirements of this Section, these individuals are also subject to the requirements of Rules .1601(a)(8), (a)(24) and (a)(51) of this Chapter.

(l) Unless otherwise specified by license condition, whenever patients or human research subjects are being treated by a therapeutic radiation machine, a physician shall be accessible. This physician does not need to be an authorized user.

(m) A licensee that permits supervised activities within this Section is responsible for the acts and omissions of the supervised individual.

(n) Information and Maintenance Record and Associated Information: The licensee shall maintain the following information in a separate file or package for each therapeutic radiation machine for inspection by the Agency:

(1) Report of acceptance testing and commissioning;

(2) Records of all surveys, calibrations, and periodic quality assurance checks of the therapeutic radiation machine required by this Section, as well as the names of persons who performed such activities;

(3) Records of maintenance and/or modifications performed on the therapeutic radiation machine after the effective date of this Rule as well as the names of persons who performed such services;

(4) Assessments performed by an Authorized Medical Physicist, prior to the return of a therapeutic radiation machine to clinical use, after significant service, repair, or upgrade that may result in variances of machine functions more than the thresholds established within the quality management program.

(o) Records Retention: All records required by this Section shall be retained until disposal is authorized by the Agency unless another retention period is specifically authorized in this Section.

History Note: *Authority G.S. 104E-7;*
Eff. October 1, 2025.

10A NCAC 15 .1904 GENERAL TECHNICAL REQUIREMENTS FOR FACILITIES USING THERAPEUTIC RADIATION MACHINES

(a) Protection Surveys:

(1) The licensee shall ensure that radiation shielding surveys of all new facilities, and existing facilities not previously surveyed are performed with an operable radiation measurement survey instrument calibrated in accordance with Rule .1908 of this Chapter. The radiation protection survey shall be performed by, or under the direction of, an Authorized Medical Physicist or a qualified expert and shall verify that, with the therapeutic radiation machine in a "BEAM-ON" condition:

(A) Radiation levels in restricted areas are not likely to cause personnel exposures more than the limits specified in Rule .1601(a)(8) of this Chapter; and

(B) Radiation levels in unrestricted areas do not exceed the limits specified in Rule .1601(a)(15) of this Chapter.

(2) In addition to the requirements of Subparagraph (a)(1) of this Rule, a radiation protection survey shall also be performed:

(A) After making any change in the treatment room shielding;

(B) After making any change in the location of the therapeutic radiation machine within the treatment room;

(C) After relocating the therapeutic radiation machine;

(D) After changes in occupancy of surrounding areas; or

(E) Before using the therapeutic radiation machine in a manner that could result in increased radiation levels in areas outside the external beam radiation therapy treatment room.

(3) The survey record shall include: the date of the measurements; the reason the survey is required; the manufacturer's name; model number and serial number of the therapeutic radiation machine; the instrument(s) used to measure radiation levels; a plan of the areas surrounding the treatment room that were surveyed; the measured dose rate at several points in each area expressed in microsieverts or millirems per hour; the calculated maximum level of radiation over a period of one week for each restricted and unrestricted area; and the signature of the individual responsible for conducting the survey;

(4) If the results of the surveys required by this Paragraph indicate any radiation levels in excess of the limits specified in Parts (A) or (B) of Subparagraph(a)(1) of this Rule, the licensee

shall disable the machine from use, label clearly, and not use the unit:

(A) Except as may be necessary to repair, replace, or test the therapeutic radiation machine, the therapeutic radiation machine shielding, or the treatment room shielding; or

(B) Until the licensee has received a specific exemption from the Agency.

(b) Modification of Radiation Therapy Unit or Room Before Beginning a Treatment Program. If the survey required by Subparagraph (a) of this Rule indicates that an individual in an unrestricted area may be exposed to levels of radiation greater than those permitted by Rule .1601(a)(15) of this Chapter, before beginning the treatment program the licensee shall:

(1) Either equip the unit with beam direction interlocks or add additional radiation shielding to ensure compliance with Paragraph Rule .1601(a)(15) of this Chapter;

(2) Perform the survey required by Subparagraph (a)(1) of this Rule again; and

(3) Include in the report required by Subparagraph (d) of this Rule the results of the initial survey, a description of the modification made to comply with Subparagraph (b)(1) of this Paragraph, and the results of the second survey; or

(4) Request and receive a license amendment authorizing radiation levels in unrestricted areas greater than those permitted by Paragraph Rule .1601(a)(15) of this Chapter.

(c) Radiation Measuring Equipment. The licensee shall have, when required, appropriate and operable radiation measuring equipment available for use and calibrated in accordance with Rule .1908 of this Section. Radiation measuring equipment includes, but is not limited to, dosimetry systems, survey instruments, and other radiation measuring devices used in planning, guiding, and administering radiation.

(d) Reports of External Beam Radiation Therapy Surveys and Measurements. The licensee for any therapeutic radiation machine subject to Rules within this Part shall furnish a copy of the records required in Subparagraphs (a) and (b) of this Rule to the Agency within 30 days following completion of the action that initiated the record requirement.

History Note: *Authority G.S. 104E-7;*
Eff. October 1, 2025.

10A NCAC 15 .1905 QUALITY MANAGEMENT PROGRAM

(a) Each licensee or applicant subject to Rules within this Section shall develop, implement, and maintain a quality management program to ensure that radiation will be administered as directed by the authorized user. The quality management program shall address the following specific objectives:

(1) Written Directives:

(A) A written directive must be approved by an authorized user prior to the administration of radiation. If a delay in the order to provide a written revision to an existing written directive would jeopardize the patient or human research subject's health, an oral revision to an existing written directive shall be acceptable, provided that the oral revision is documented as soon as possible in writing in the patient or human research subject's record and a revised written directive is signed by an authorized user within 48 hours of the oral revision.

(B) The written directive must contain the patient or human research subject's name, treatment site, method of delivery, dose per fraction, total number of fractions, and total dose.

(C) A written revision to an existing written directive may be made provided that the revision is dated and approved by an authorized user prior to the administration of the therapeutic radiation machine dose, or the next fractional dose.

(D) The licensee shall retain a copy of the written directive for three years.

(2) Procedures for Administrations. For any administration requiring a written directive, the licensee shall develop, implement, and maintain written procedures to provide that:

(A) Prior to the administration of each course of radiation treatment, the patient or human research subject's identity is verified by more than one method as the individual named in the written directive;

(B) Each administration is in accordance with the written directive;

(C) Develop a table-shift policy describing action to be taken by staff in the event shifts are used for patient or human research subject setup and a table shift exceeds limitations established within the treatment plan.

(D) Therapeutic radiation machine final plans of treatment and related calculations are in accordance with the respective written directives by checking both manual and computer-generated dose calculations to verify they are correct and in accordance with the written directive; and verifying that any computer-generated calculations are correctly transferred into the consoles of authorized therapeutic medical units;

(E) Any unintended deviation from the written directive is identified, evaluated and action is taken; and

(F) The licensee retains a copy of the procedures for administrations for the duration of the license.

(3) New Procedures on Established Equipment: Licensees possessing established and commissioned therapeutic radiation machines shall reevaluate equipment parameters, pursuant to this Section, when new procedures are to be performed if the parameters, including dose rate, field size, imaging accuracy, maximum dose, fall outside of the original commissioned parameters.

(4) Documentation, Reports, and Notifications of Medical Events:

(A) Any unintended treatment deviation from the written directive or approved treatment plan shall be identified, evaluated, and documented. Licensees shall document the corrective action taken by the licensee as a result of any unintended deviation from the written directive or approved treatment plan.

(B) A licensee shall report any medical event resulting from intervention of a patient or human research subject in which the administration of radiation from therapy equipment results, or will result, in unintended permanent functional damage to an organ or a physiological system as determined by a physician.

(C) Except as required by Part (B) of this Subparagraph, licensees shall report any treatment deviation as a medical event, except for a treatment deviation that results from intervention by a patient or human research subject, when the treatment deviation is caused by any of the conditions listed in Parts (D), (E), or (F) of this Subparagraph.

(D) Treatment deviations in which the administration of radiation from therapy equipment involves the administration of radiation to an individual using a treatment plan intended for another patient or human research subject;

(E) Treatment deviations in which the administration of radiation to a patient or human research subject does not conform to the written directive and the approved treatment plan, and the administered dose over the entire treatment course differs from the prescribed dose as stated in the written directive by twenty percent or more; or,

(F) Treatment deviations in which the administered dose delivered differs from the prescribed dose, for a single fraction, by an overdose of 50 percent or more.

(G) The licensee shall notify the Agency by telephone no later than the next calendar day after the licensee determines that a medical event occurred.

(5) The licensee shall submit a written report to the Agency within fifteen days after the initial report of the medical event. The written report must include:

(A) The licensee name;

(B) The name of the prescribing physician;

(C) A brief description of the event;

(D) Why the event occurred;

(E) The effect, if any, on the individual who received the medical event;

(F) Actions, if any, that have been taken, or are planned, to prevent recurrence;

(G) Certification that the licensee notified the patient, or the patient's responsible relative or guardian, and if not, why not, and

(H) The report shall not contain the patient's name or any other information that could lead to the identification of the patient;

(6) The licensee shall provide notification of the medical event to the referring physician no later than twenty-four hours after its discovery. The licensee shall also notify the individual who is the subject of the medical event no later than twenty-four hours after the initial notification, unless the authorized user or referring physician determines that, based on their medical judgment, informing the individual would be harmful. The licensee is not required to notify the individual without first consulting the referring physician. If the referring physician or the affected individual cannot be reached within 24 hours, the licensee shall notify the individual as soon as possible thereafter. The licensee may not delay any appropriate medical care for the individual, including any necessary remedial care because of the medical event, because of any delay in notification. To meet the requirements of this paragraph, the notification of the individual who is the subject of the medical event may be made instead to that individual's responsible relative or guardian. If a verbal notification is made, the licensee shall inform the individual or appropriate responsible relative or guardian that a written description of the event can be obtained from the licensee upon request. The licensee shall provide such a written description if requested.

(7) Aside from the notification requirement, nothing in this section Section affects any rights or duties of licensees and physicians in relation to each other, to individuals affected by the medical event, or to that individual's responsible relatives or guardians.

(8) The licensee shall retain a record of each unintended deviation in accordance with Part (4)(A) of this Paragraph. If the unintended deviation is a medical event, a copy of the record shall be provided to the referring physician if other than the licensee within 15 days after its discovery.

(9) The licensee shall retain a record of each unintended deviation for three years. The record must contain the following:

(A) The licensee name and the names of the individuals involved;

(B) A unique identification number, if one has been assigned, of the individual who is the subject of the unintended deviation;

(C) A brief description of the event; why it occurred; the effect, if any, on the individual;

(D) The actions, if any, taken or planned to prevent recurrence; and

(E) Whether the licensee notified the individual, or the individual's responsible relative or guardian; and, if not, whether such failure to notify was based on guidance from the referring physician.

History Note: *Authority G.S. 104E-7;*
Eff. October 1, 2025.

10A NCAC 15 .1906 THERAPEUTIC RADIATION MACHINES OF LESS THAN 500 KV

(a) The licensee shall provide documentation that equipment authorized by this Section conforms to the relevant International Electrotechnical Commission standard, documentation of US Food and Drug Administration clearance, or documentation of participation in a research study approved by the licensee's Institutional Review Board.

(b) Facility Design Requirements for Therapeutic Radiation Machines Capable of Operating in the Range 50 kV to 500 kV. In addition to shielding adequate to meet requirements of Rule .1909 of this Section, the treatment room shall meet the following design requirements:

(1) Aural Communication. Provision shall be made for continuous two-way aural communication between the patient or human research subject and the operator at the control panel;

(2) Viewing Systems. Provision shall be made to permit continuous observation of the patient or human research subject during irradiation and the viewing system shall be so located that the operator can observe the patient or human research subject from the control panel. The therapeutic radiation machine shall not be used for patient or human research subject irradiation unless at least one viewing system is operational.

(c) Additional Requirements. Treatment rooms that contain a therapeutic radiation machine capable of operating above 150 kV shall meet the following additional requirements:

(1) All protective barriers shall be fixed except for entrance doors or beam interceptors;

(2) The control panel shall be located outside the treatment room or in a totally enclosed booth, which has a ceiling, inside the room;

(3) Interlocks shall be provided such that all entrance doors, including doors to any interior booths, shall be closed before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall not be possible to restore the machine to operation without closing the door and reinitiating irradiation by manual action at the control panel; and

(4) When any door referred to in Subparagraph (3) of this Paragraph is opened while the x-ray tube is activated, the air kerma rate at a distance of one meter from the source shall be reduced to less than one mGy (100 mrad) per hour.

(d) Acceptance Testing, Commissioning, and Calibration Measurements. Acceptance testing, commissioning, and full calibration of a therapeutic radiation machine subject to the Rules of this Chapter shall be performed by, or under the direct supervision of, an Authorized Medical Physicist:

(1) Acceptance testing and commissioning shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, that includes the American Association of Physicists in Medicine, the American College of Radiology, and the American Society for Radiation Oncology. In the absence of a protocol published by a national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed. Acceptance testing and commissioning shall be conducted before the first medical use following installation or reinstallation of the therapeutic radiation machine.

(2) A licensee authorized to use a therapeutic radiation machine for medical use shall perform calibration measurements on each therapeutic radiation machine:

(A) Before the first medical use of the unit; and

(B) Before medical use whenever spot-check measurements indicate that the output, for each specific mode and energy, differs by more than five

percent from the output obtained at the last calibration, following reinstallation of the therapeutic radiation machine in a new location, following any repair of the therapeutic radiation machine that would likely impact the radiation output beyond the normal range of expected fluctuation, and

(C) At intervals not to exceed annually.

(3) To satisfy the requirement of Paragraph (a) of this Rule, an authorized medical physicist shall design and implement a calibration procedure for each radiation therapy machine which is consistent with the specifications recommended by the manufacturer of the equipment and consistent with nationally recognizable standards. The calibration procedure shall be designed to ensure accurate patient or human research subject treatments, in accordance with the written directive and treatment plan. The calibration procedure shall include, but not be limited to, the following:

(A) Accuracy of output measurements to within ± five percent of radiations used medically; and

(B) Evaluation and accuracy of auxiliary systems, such as motion tracking or gating and image guidance, used during patient or human research subject treatments.

(4) A licensee shall use the dosimetry system described in Rule .1908 of this Section to measure the output for one set of exposure conditions. The remaining radiation measurements required in Part (3)(A) of this Paragraph may be made using a dosimetry system that indicates relative dose rates.

(5) The evaluations and measurements for:

(A) Acceptance, commissioning, and calibration measurements in Part (3)(A) of this Paragraph shall be performed under the direct supervision of an authorized medical physicist;

(B) full calibration measurements in Part (3)(B) of this Paragraph shall be performed by an authorized medical physicist or under the general supervision of an authorized medical physicist.

(6) A licensee shall maintain a record of each therapeutic radiation machine calibration for three years. The record must include:

(A) The date of the calibration;

(B) The manufacturer's name, model number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to calibrate the unit(s);

(C) The results and an assessment of the calibrations; and

(D) The name of the authorized medical physicist who approves the calibration.

(7) A licensee shall maintain a record of each therapeutic radiation machine acceptance testing and commissioning for the lifetime of the machine. The record must include:

(A) The date of the acceptance testing or commissioning;

(B) The manufacturer's name, model number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to evaluate the unit(s);

(C) The results and an assessment of acceptance testing and/or commissioning; and

(D) The name of the authorized medical physicist who approves the acceptance testing and/or commissioning.

(e) Independent Verification of Therapeutic Radiation Machine Output:

(1) In addition to the full calibration required by Paragraph (a) of this Rule, the licensee shall have the outputs, for all clinically used radiations, independently verified:

(A) Within 90 days of first clinical use of a new installation;

(B) Within 90 days of first clinical use following a reinstallation in a new location; and

(C) Biennially, thereafter.

(2) Verification may be obtained by:

(A) irradiating dosimeters from an AAPM Accredited Dosimetry Calibration Laboratory; or

(B) evaluation by a registered qualified expert using an independent dosimetry system meeting Rule .1908 of this Section.

(3) A licensee shall maintain a record of each independent verification of therapeutic radiation machine output for three years. The record must include:

(A) If obtained by Part (2)(A) of this Paragraph: The date of the irradiation, the date of the analysis by the dosimetry center, the name, address and contact information for the AAPM Accredited Dosimetry Calibration Laboratory, and the results of the independent verification.

(B) If obtained by Part (2)(B) of this Paragraph: The date of the calibration, the manufacturer's name, model

number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to calibrate the unit(s), the results and an assessment of the independent verification, and the name of the registered qualified expert who provided the independent verification.

(f) Quality Assurance Checks:

(1) Periodic quality assurance checks shall be performed on therapeutic radiation machines subject to this Rule, which are capable of operation at greater than or equal to 50 kV.

(2) To satisfy the requirement of Subparagraph (1) of this Paragraph, quality assurance checks shall meet the following requirements:

(A) The licensee shall perform quality assurance checks, to include ensuring the proper function of requirements outlined in Paragraphs (d) and (e) of this Rule, in accordance with written procedures established by the Authorized Medical Physicist; and

(B) The quality assurance check procedures shall specify the frequency at which tests or measurements are to be performed. The quality assurance check procedures shall specify that the quality assurance check shall be performed during the calibration specified in Paragraph (d) of this Rule. The acceptable tolerance for each parameter measured in the quality assurance check, when compared to the value for that parameter determined in the calibration specified in Paragraph (d) of this Rule, shall be stated.

(3) The cause for a parameter exceeding a tolerance set by the Authorized Medical Physicist shall be investigated and corrected before the system is used for patient or human research subject irradiation;

(4) Whenever a quality assurance check indicates a significant change in the operating characteristics of a system, as specified in the Authorized Medical Physicist's quality assurance check procedures, the system shall be recalibrated as required in Subparagraph (d)(2) of this Rule;

(5) The licensee shall use the dosimetry system described in Rule .1908 of this Chapter to make the quality assurance check required in Subparagraph (2) of this Paragraph;

(6) The licensee shall maintain a record of each quality assurance check required by this Paragraph for three years. The record shall include: the date of the quality assurance check; the manufacturer's name, model number, and serial number of the therapeutic radiation machine; the manufacturer's name; model number and serial number for the instrument(s) used to measure the radiation output of the therapeutic radiation machine; and the signature of the individual who performed the periodic quality assurance check.

(g) Operating Procedures:

(1) The therapeutic radiation machine shall not be used for irradiation of patients or human research subjects unless the requirements of Paragraphs (d) and (e) of this Rule have been met;

(2) Therapeutic radiation machines shall not be left unattended unless secured pursuant to Rules .1601(a)(32) and (33) of this Chapter;

(3) When a patient or human research subject must be held in position for radiation therapy, mechanical supports or immobilization devices shall be used;

(4) The tube housing or any other part of the imaging assembly shall not be held by an individual during operation unless the assembly is designed to require such holding and the peak tube potential of the system does not exceed 50 kV. In such cases, the holder shall wear protective gloves and apron of not less than 0.5 millimeters lead equivalency at 100 kV;

(5) A copy of the current operating and emergency procedures shall be maintained at the therapeutic radiation machine control console; and

(6) No individual other than the patient or human research subject shall be in the treatment room during exposures from therapeutic radiation machines operating above 150 kV. At energies less than or equal to 150 kV, any individual, other than the patient or human research subject, in the treatment room shall be protected by a barrier sufficient to meet the requirements of Rule .1601(a)(8) of this Chapter.

(h) Electronic brachytherapy devices are subject to the requirements of Rule .1911 of this Section and are exempt from the requirements of this Rule.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .1907 THERAPEUTIC RADIATION MACHINES OF 500 KEV AND ABOVE

(a) The licensee shall provide documentation that equipment within this section conforms to the relevant International Electrotechnical Commission standard, documentation of US Food and Drug Administration clearance, or documentation of participation in a research study approved by the licensee's Institutional Review Board.

(b) Facility Design Requirements for Therapeutic Radiation Machines Operating above 500 kV. In addition to shielding

adequate to meet requirements of Rule .1909 of this Section, the following design requirements are made:

(1) Protective Barriers. All protective barriers shall be fixed and permanent with respect to the radiation source and designed to comply with Rules .1601(a)(8) and .1601(a)(15) of this Chapter external to the dedicated space, except for access doors to the treatment space or movable beam interceptors;

(2) Control Panel. In addition to other requirements specified within this Section, the control panel shall also:

(A) Be located outside the treatment space and complies with Rules .1601(a)(8) and .1601(a)(15) of this Chapter as required; and

(B) Provide an indication of whether radiation is being produced;

(3) Include access controls that will prevent unauthorized use of the therapeutic radiation machine;

(4) Viewing Systems. Viewing system shall be provided to permit continuous observation of the patient or human research subject following positioning and during irradiation and shall be so located that the operator may observe the patient or human research subject from the treatment control panel. The therapeutic radiation machine shall not be used for patient or human research subject irradiation unless at least one viewing system is operational;

(5) Communication Device or Technique. Provision shall be made for continuous two-way communication between the patient or human research subject and the operator at the control panel. The therapeutic radiation machine shall not be used for irradiation of patients or human research subjects unless continuous two-way communication device or technique is possible;

(6) Entrances. Treatment space entrances shall be provided with warning lights in a viewable location outside of all entrances, which will indicate when the useful beam is "ON" and when it is "OFF";

(7) Entrance Interlocks. Interlocks shall be provided such that all access controls are activated before treatment can be initiated or continued. If the radiation beam is interrupted by any access control, it shall not be possible to restore the machine to operation without activating the access control and reinitiating irradiation by manual action at the control panel;

(8) Movable Beam Interceptor Interlocks. If the shielding material in any protective barrier requires the presence of a movable beam interceptor to ensure compliance with Rule .1601(a)(15) of this Chapter, interlocks shall be provided to prevent the production of radiation, unless the beam interceptor is in place, whenever the useful beam is directed at the designated barriers;

(9) Emergency Cutoff Switches. At least one emergency power cutoff switch shall be located in the radiation therapy room and shall terminate all equipment electrical power including radiation and mechanical motion. All emergency power cutoff switches shall include a manual reset so that the therapeutic radiation machine cannot be restarted from the unit's control console without resetting the emergency cutoff switch; and

(10) Safety Interlocks. All safety interlocks shall be designed so that any defect or component failure in the safety interlock system prevents or terminates operation of the therapeutic radiation machine.

(c) Authorized Medical Physicist Support.

(1) The services of an Authorized Medical Physicist shall be required in facilities having therapeutic radiation machines. The Authorized Medical Physicist shall be responsible for:

(A) Calibrations required by Paragraph (d) of this Rule and radiation safety surveys required by Rule .1904(a) of this Section;

(B) Beam data acquisition and configuration for treatment planning, and supervision of its use;

(C) Quality assurance, including quality assurance check review required by Paragraph (f) of this Rule.

(D) Consultation with the authorized user in treatment planning, as needed; and

(E) Perform calculations/assessments regarding medical events.

(2) The operating procedures required by Paragraph (d) of this Rule shall also specifically address how the Authorized Medical Physicist is to be contacted for problems or emergencies, as well as the specific actions, if any, to be taken until the Authorized Medical Physicist can be contacted.

(d) Operating Procedures.

(1) No individual, other than the patient or human research subject, shall be in the treatment space during treatment or during any irradiation for testing or calibration purposes;

(2) Therapeutic radiation machines shall not be made available for medical use unless the requirements of Rule .1904(a) of this Section, and Paragraphs (e), (f) and (g) of this Rule have been met;

(3) Therapeutic radiation machines, when not in operation, shall be secured to prevent unauthorized use pursuant to Rules .1601(a)(32) and (33) of this Chapter;

(4) When a patient or human research subject must be held in position for radiation therapy, mechanical supports or immobilization devices shall be used;

(5) A copy of the current operating and emergency procedures shall be maintained at the therapeutic radiation machine control console.

(e) Acceptance Testing, Commissioning and Calibration Measurements. Acceptance testing, commissioning, and calibration of a therapeutic radiation machine subject to this Rule shall be performed by, or under the direct supervision of, an Authorized Medical Physicist:

(1) Acceptance testing and commissioning shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, that includes the American Association of Physicists in Medicine (AAMP), the American College of Radiology and the American Society for Radiation Oncology. In the absence of a protocol published by a national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.

(2) A licensee authorized to use a therapeutic radiation machine for medical use shall perform calibration measurements on each therapeutic radiation machine:

(A) Before the first medical use of the unit; and

(B) Before medical use under the following conditions: Whenever spot-check measurements indicate that the output, for each specific mode and energy, differs by more than five percent from the output obtained at the last calibration, following reinstallation of the therapeutic radiation machine in a new location, following any repair of the therapeutic radiation machine that would likely impact the radiation output beyond the normal range of expected fluctuation; and

(C) At intervals not to exceed annually.

(3) To satisfy the requirement of Paragraph (d) of this Rule, an authorized medical physicist shall design and implement a calibration procedure for each radiation therapy machine which is consistent with the specifications recommended by the manufacturer of the equipment and consistent with nationally recognizable standards. The calibration procedure shall be designed to ensure accurate patient or human research subject treatments, in accordance with the written directive and treatment plan. The calibration procedure shall include, but not be limited to, the following:

(A) Accuracy of output measurements to within ± five percent of radiations used medically; and,

(B) Evaluation and accuracy of auxiliary systems, such as motion tracking or gating and image guidance, used during patient or human research subject treatments.

(f) Independent Verification of Therapeutic Radiation Machine Output

(1) In addition to the calibration required by Paragraph (e) of this Rule, the licensee shall have the outputs, for all clinically used radiations, independently verified:

(A) Within 90 days of first clinical use of a new installation;

(B) Within 90 days of first clinical use following a reinstallation in a new location; and

(C) Biennially, thereafter.

(2) Verification may be obtained by:

(A) the authorized medical physicist irradiating dosimeters from an AAPM Accredited Dosimetry Calibration Laboratory; or

(B) evaluation by an independent registered qualified expert using an independent dosimetry system meeting Rule .1908 of this Section.

(3) A licensee shall maintain a record of each independent verification of therapeutic radiation machine output for three years. The record must include:

(A) If obtained by Part (e)(2)(A) of this Rule: The date of the irradiation, the date of the analysis by the dosimetry center, the name, address and contact information for the AAPM Accredited Dosimetry Calibration Laboratory, and the results of the independent verification.

(B) If obtained by Part (e)(2)(B) of this Rule: The date of the calibration, The manufacturer's name, model number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to calibrate the units, the results and an assessment of the independent verification, and the name of the independent registered qualified expert who provided the independent verification.

(g) Quality Assurance Checks.

(1) Periodic quality assurance checks shall be performed on therapeutic radiation machines subject to this Rule, which are capable of operation at greater than or equal to 500 kV.

(2) To satisfy the requirement of Subparagraph (f)(1) of this Rule, quality assurance checks shall meet the following requirements:
  (A) The licensee shall perform quality assurance checks, to include ensuring the proper function of requirements outlined in Paragraphs (d) and (e) of this Rule, in accordance with written procedures established by the Authorized Medical Physicist; and
  (B) The quality assurance check procedures shall specify the frequency at which tests or measurements are to be performed. The quality assurance check procedures shall specify that the quality assurance check shall be performed during the calibration specified in Paragraph (d) of this Rule. The acceptable tolerance for each parameter measured in the quality assurance check, when compared to the value for that parameter determined in the calibration specified in Paragraph (d) of this Rule, shall be stated.
(3) The cause for a parameter exceeding a tolerance set by the Authorized Medical Physicist shall be investigated and corrected before the system is used for patient or human research subject irradiation;
(4) Whenever a quality assurance check indicates a significant change in the operating characteristics of a system, as specified in the Authorized Medical Physicist's quality assurance check procedures, the system shall be recalibrated as required by Paragraph (d) of this Rule;
(5) The licensee shall use the dosimetry system described in Rule .1908 of this Section to make the quality assurance check required by Paragraph (f) of this Rule;
(6) The licensee shall maintain a record of each quality assurance check required by (f) of this Paragraph for three years. The record shall include: the date of the quality assurance check; the manufacturer's name, model number, and serial number of the therapeutic radiation machine; the manufacturer's name; model number and serial number for the instrument(s) used to measure the radiation output of the therapeutic radiation machine; and the signature of the individual who performed the periodic quality assurance check.

History Note: *Authority G.S. 104E-7;*
Eff. October 1, 2025.

10A NCAC 15 .1908 CALIBRATION OF SURVEY INSTRUMENTS AND DOSIMETRY SYSTEMS

(a) Administrative: Survey Instruments, when employed by the licensee to perform surveys required by this Section:
(1) The licensee shall ensure that the survey instruments used to show compliance with this Section have been calibrated before first use, at intervals not to exceed 12 months and following repair.
(2) To satisfy the requirements of Subparagraph (a)(1) of this Rule, the licensee shall:
  (A) Calibrate all scale readings up to 10 mSv (1000 mrem) per hour with an appropriate radiation source that is traceable to the National Institute of Standards and Technology;
  (B) Calibrate at least two points on each scale to be calibrated. These points should be at approximately 1/3 and 2/3 of full-scale; and
(3) To satisfy the requirements of Subparagraph (a)(2) of this Rule, the licensee shall consider a point as calibrated if the indicated dose rate differs from the calculated dose rate by not more than 20 percent.
(4) The licensee shall retain a record of each calibration required in Paragraph (a) of this Rule for three years. The record shall include:
  (A) A description of the calibration procedure; and
  (B) A description of the source used and the certified dose rates from the source, and the rates indicated by the instrument being calibrated, the correction factors deduced from the calibration data, the signature of the individual who performed the calibration, and the date of calibration.
(5) The licensee may obtain the services of individuals licensed by the Agency, the US Nuclear Regulatory Commission or an Agreement State to perform calibrations of survey instruments. Records of calibrations that contain information required by Paragraph (c) of this Rule shall be maintained by the licensee.
(6) The record must include the model and serial number of the instrument, the date of the calibration, the results of the calibration, and the name of the individual who performed the calibration.

(b) Dosimetry system:
(1) A licensee shall have a calibrated dosimetry system available for use. To satisfy this requirement, one of the following two conditions must be met.
  (A) The system must have been calibrated using a system or source traceable to the National Institute of Standards and Technology and published protocols

accepted by nationally recognized bodies; or by a calibration laboratory accredited by the American Association of Physicists in Medicine. The calibration must have been performed within the previous two years and after any servicing that may have affected system calibration; or

(B) The system must have been intercompared with another dosimetry system that was calibrated within the previous two years by the National Institute of Standards and Technology or by a calibration laboratory accredited by the American Association of Physicists in Medicine. The results of the intercomparison must indicate that the calibration factor of the licensee's system had not changed by more than two percent.

(2) A licensee shall retain a record of the calibration, intercomparison, and comparisons of its dosimetry equipment done for three years after the record is made. For each calibration, intercomparison, or comparison, the record must include:

(A) The date;

(B) The manufacturer's name, model numbers and serial numbers of the instruments that were calibrated, intercompared, or compared as required by Parts (1)(A) or (1)(B) of this Paragraph;

(C) The correction factor that was determined from the calibration or comparison or the apparent correction factor that was determined from an intercomparison; and

(c) The names of the individuals who performed the calibration, intercomparison, or comparison.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .1909 SHIELDING AND SAFETY DESIGN REQUIREMENTS

(a) Each therapeutic radiation machine subject to Rules within this Section shall be provided with such primary and secondary barriers as are necessary to ensure compliance with Rules .1601(a)(8) and .1601(a)(15) of this Chapter and must consider the types of radiation generated in the use of the equipment.

(b) Facility shielding and safety designs shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, such as the American Association of Physicists in Medicine and the National Council on Radiation Protection and Measurements. In the absence of a protocol published by a national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.

(c) Facility design information for all new installations of a therapeutic radiation machine or installations of a therapeutic radiation machine of different model, higher energy or workload into a room not previously approved for that energy, isocenter or planned workload shall be submitted for Agency approval prior to actual installation of the therapeutic radiation machine.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .1910 OTHER USE OF ELECTRONICALLY-PRODUCED RADIATION TO DELIVER THERAPEUTIC RADIATION DOSAGE

A person shall not utilize any device which is designed to electrically generate a source of ionizing radiation to deliver therapeutic radiation dosage, and which is not regulated under any existing category of therapeutic radiation machine, until:

(1) The applicant or licensee has, at a minimum, provided the Agency with:

(2) Documentation that equipment to be licensed conforms to the relevant International Electrotechnical Commission standard, documentation of US Food and Drug Administration clearance, or documentation of participation in a research study approved by the licensee's Institutional Review Board;

(3) A detailed description of the device and its intended application(s);

(4) Facility design requirements, including shielding and access control;

(5) Documentation of appropriate training for authorized user physician(s), authorized medical physicist(s), and other personnel who will be involved in performing quality assurance tasks and/or setting up patients or human research subjects for treatment or delivering treatment;

(6) Methodology for measurement of dosages to be administered to patients or human research subjects;

(7) Documentation regarding calibration, maintenance, and repair of the device, as well as instruments and equipment necessary for quality assurance and radiation safety

(8) Radiation safety precautions and instructions; and

(9) Other information requested by the Agency in its review of the application; and

(10) The applicant or licensee has received written approval from the Agency to utilize the device in accordance with the regulations and specific conditions the Agency considers necessary for the medical use of the device.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .1911 EMERGING TECHNOLOGIES

(a) Each registrant shall develop, implement, and maintain a dedicated quality management program to control the processes used to administer therapeutic radiation with US Food and Drug Administration cleared emerging technologies or previously unused features of a future or existing technology system.

(b) Implementation and on-going clinical use of the technology dated before the technology arrives at the facility or the new features are used:

(1) Must include an explicit strategy to ensure quality of processes and patient or human research subject safety.

(2) Must include approval from facility management and the radiation oncology safety team before the technology arrives or new features are used.

(c) The quality management program shall be developed by the radiation oncology safety team.

(d) The quality management program shall address, at a minimum:

(1) Education and training about the new technology or features;

(2) A system and timeline for on-going competency assessment;

(3) A system for real-time recording of on-going issues related to the technology and clinical use of the new technology or features;

(4) A strategy for timely investigation and adjudication of accidents and process deviations that may be captured in the system developed in Subparagraph (b)(1) of this Rule;

(5) A strategy for routine review at intervals not to exceed 13 months of the clinical use of the new technology or features which includes an assessment of the current use compared to Paragraph (b) of this Rule and plan to either update the clinical use plan or steps to bring the clinical use back into alignment with Paragraph (b) of this Rule;

(6) A strategy to ensure quality of equipment functions;

(7) A strategy for ensuring quality after hardware and software updates and after equipment repair.

(e) The quality management program shall be developed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, that includes the American Association of Physicists in Medicine, the American College of Radiology and the American Society for Radiation Oncology. In the absence of a protocol published by a national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocol shall be followed.

(f) New technology issues should be reported through the vendor or manufacturer, applicable regulatory agency alerts, or customer service bulletins and be reviewed and addressed via a documented reporting system.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

SECTION .2000 - VETERINARY USES OF THERAPEUTIC RADIATION MACHINES

10A NCAC 15 .2001 PURPOSE AND SCOPE

(a) This Section establishes requirements for licensing and use of veterinary therapeutic radiation machines to treat disease in animals other than humans. In addition to the requirements of this Section, all licensees are subject to the rules in Sections .0100, .0200, .0900, .1000, and .1600 of this Chapter.

(b) The use of veterinary therapeutic radiation machines shall be authorized by a licensed practitioner of veterinary medicine who meets the training and experience criteria established by Rule .2003(b) of this Section.

(c) In addition to the requirements of this Section, all veterinary therapeutic radiation machine licensees are subject to the annual fee provisions contained in Section .1100 of this Chapter.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .2002 DEFINITIONS

(a) As used in this Section the following definitions apply:

(1) "Acceptance testing" means an evaluation of equipment and systems to confirm they meet the specifications stated by the manufacturer.

(2) "Animal" means any mammal other than human, and includes birds, fish, and reptiles, wild or domestic, living or dead.

(3) "Annually" means at intervals not to exceed 12 consecutive months, plus or minus 30 days.

(4) "Authorized Medical Physicist" means an individual authorized in accordance with Rule .2003(c) of this Section.

(5) "Authorized user" means a veterinarian who meets the training requirements of Rule .2003(b) of this Section and is authorized by license condition to use a therapeutic radiation machine covered by this Section.

(6) "Barrier" see "Protective barrier".

(7) "Biennially" means at intervals not to exceed 24 consecutive months, plus or minus 30 days.

(8) "Commissioning" means an intricate and methodical process designed to:

(A) acquire needed machine-specific beam data;

(B) validate the safe, accurate, and effective operation of a therapeutic radiation machine, treatment planning systems, ancillary systems, and associated procedural protocols; and,

(C) set baseline for future measurements for performance constancy.

(9) "Dosimetry systems" means radiation detecting equipment that may be used to characterize the radiation beam and quantify the energy it may deposit within a medium.

(10) "Electronic brachytherapy" means a method of radiation therapy where an electrically generated source of ionizing radiation is placed in or near the tumor or target tissue to deliver therapeutic radiation dosage.

(11) "Electronic brachytherapy device" means the system used to produce and deliver therapeutic radiation including the x-ray tube, the control mechanism, the cooling system, and the power source.

(12) "Electronic brachytherapy source" means the x-ray tube component used in an electronic brachytherapy device.

(13) "External beam radiation therapy" means therapeutic irradiation in which the source of radiation is at a distance from the body.

(14) "Interlock" means a device preventing the start or continued operation of equipment unless certain predetermined conditions prevail.

(15) "Interruption of irradiation" means the stopping of irradiation with the possibility of continuing irradiation without resetting of operating conditions at the control panel.

(16) "Irradiation" means the exposure of a living being or matter to ionizing radiation.

(17) "Isocenter" means the center of the sphere through which the useful beam axis passes while the gantry moves through its full range of motions.

(18) "Kilovolt," "kV," "kilo electron volt," and "keV" means the energy equal to that acquired by a particle with one electron charge in passing through a potential difference of one thousand volts in a vacuum. Current convention is to use kV for photons and keV for electrons

(19) "Leakage radiation" means radiation emanating from the radiation therapy system except for the useful beam.

(20) "Licensee" means any person who is licensed by the agency pursuant to the Rules of Section .0900 of this Chapter.

(21) "Light field" means the area illuminated by light, simulating the radiation field.

(22) "Megavolt," "MV," "mega electron volt," and "MeV" means the energy equal to that acquired by a particle with one electron charge in passing through a potential difference of one million volts in a vacuum. Current convention is to use MV for photons and MeV for electrons.

(23) "Method of Delivery" means mode of radiation to be used during treatment, which may include photons, electrons, or protons.

(24) "Patient" means an animal, for whom a written directive is intended, subjected to machine produced radiation for the purposes of medical therapy.

(25) "Periodic quality assurance check" means a procedure which is performed to ensure that a previous parameter or condition continues to be valid.

(26) "Prescribed dose" means the total dose and dose per fraction as documented in the written directive.

(27) "Primary protective barrier" see "Protective barrier".

(28) "Protective barrier" means a barrier of radiation absorbing materials used to reduce radiation exposure. The types of protective barriers are as follows:

(A) "Primary protective barrier" means the material, excluding filters, placed in the useful beam.

(B) "Secondary protective barrier" means the material which attenuates stray radiation.

(29) "Qualified Expert" means a person registered by the agency pursuant to Rule .0205 of this Chapter for the provision of either Class VII or IX services.

(30) "Quarterly" means at intervals not to exceed 13 consecutive weeks, plus or minus seven days.

(31) "Radiation oncology safety team" means, minimally, a group of individuals consisting of an authorized user, authorized medical physicist, and veterinary therapeutic radiation machine operator whose purpose is to work together to deliver radiation safely and reproducibly.

(32) "Restricted area" means an area, access to which is controlled by the licensee or registrant for purposes of protecting individuals against undue risks from exposure to radiation and radioactive materials. Restricted area does not include areas used as residential quarters, but separate rooms in a residential building may be set apart as a restricted area.

(33) "Semiannually" means at intervals not to exceed six consecutive months, plus or minus 15 days.

(34) "Sievert (Sv)" means the SI unit of dose equivalent. The unit of dose equivalent is the joule per kilogram.

(35) "Supervision" shall be defined as follows:

(A) "General supervision" means the activity is performed under the overall direction and control of a supervising individual. The supervising individual's physical presence shall not be required during the performance of the procedure but must be available by phone to provide assistance and direction if needed.

(B) "Direct supervision" means an individual exercise General Supervision and be present within the facility and immediately available to furnish assistance and direction

throughout the performance of the activity. Direct Supervision does not require that the supervising individual must be present in the room when the procedure is being performed.

(C) "Personal supervision" means an individual exercises General Supervision and be present in the room during the performance of the procedure.

(36) "Treatment room shielding" means a location which contains fixed protective barriers to limit radiation exposures to members of the public and occupationally exposed workers to within regulatory limits.

(37) "Unrestricted area" means an area, access to which is neither limited nor controlled by the licensee or registrant.

(38) "Veterinarian" means a person licensed to practice medicine in North Carolina pursuant to G.S. Chapter 90, Article 11.

(39) "Veterinary therapeutic radiation machine," also known as a "Therapeutic radiation machine," means equipment that is designed and used for external beam radiation therapy in the healing arts. For these regulations, devices used to administer electronic brachytherapy shall also be considered therapeutic radiation machines.

(40) "Weekly" means at least once per calendar week.

(41) "Written directive" means an order in writing for the administration of radiation to a specific patient, as specified in Rule .2005(b)(1) of this Section.

(b) Definitions of certain other words and phrases used in the rules in this Section are set forth in Rules .0103, .1001 and .1601 of this Chapter.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .2003 GENERAL ADMINISTRATIVE REQUIREMENTS FOR VETERINARY FACILITIES USING THERAPEUTIC RADIATION MACHINES

(a) Administrative Controls: Licensees shall be responsible for directing the operation of the therapeutic radiation machines that have been licensed with the Agency. The licensee or the licensee's agent shall ensure that the requirements of this Section are met in the operation of the therapeutic radiation machines. A therapeutic radiation machine that does not meet the provisions of these regulations shall not be used for irradiation of patients.

(b) Training for Veterinary Therapeutic Radiation Machine Authorized Users: The licensee for any therapeutic radiation machine subject to Rules within this subpart shall require the authorized user to be a veterinarian who:

(1) Certification in Radiation Oncology by the American College of Veterinary Radiology; or

(2) Satisfactory completion of a radiation oncology residency program approved by the American College of Veterinary Radiology. For radiation oncologists who are eligible for certification by the American College of Veterinary Radiology in accordance with Subparagraph (c)(1) of this Rule but not yet certified by the date of application, certification shall be required within six years of initial certification eligibility; and

(3) Recentness of Training: The training and experience specified within Paragraph (c) of this Rule must have been obtained within the seven years preceding the date of hire or the individual must have had related continuing education and experience since the required training and experience was completed.

(c) Training for Veterinary Authorized Medical Physicist or Authorized Medical Physicist: The licensee for any therapeutic radiation machine subject to rules within this Section shall require the Authorized Medical Physicist to:

(1) Be certified and maintaining certification by the American Board of Radiology in:

(A) Therapeutic radiological physics; or

(B) Therapeutic medical physics; or

(2) Be certified and maintaining certification by the American Board of Medical Physics in Radiation Oncology Physics; or

(3) Be certified and maintaining certification by the Canadian College of Medical Physics in Radiation Oncology Physics; or

(4) Holds a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; and

(A) Completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the types of use for which the individual is seeking authorization. This training and work experience must be conducted in clinical radiation facilities that provide external beam therapy with photons and electrons with energies greater than or equal to 1 million electron volts and brachytherapy services and must include: Performing full calibration and periodic spot checks of external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable to the veterinary practice, and conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and

remote afterloading units as applicable to the veterinary practice; and

(B) Completed training for the types of use for which authorization is sought that includes hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily completing either a training program provided by the vendor or by training supervised by an authorized medical physicist authorized for the types of use for which the individual is seeking authorization; or, be a qualified expert registered by the agency to provide Class VII or Class IX services in accordance with Rule .0205(c) of this Chapter.

(5) An individual identified on an Agency or an Agreement State medical accelerator license as an authorized medical physicist on or before the effective date of this Rule need not comply with Subparagraphs (1) through (4) of this Paragraph, except they must meet the training requirements defined in other sections of this rule for any uses for which they were not authorized on or before this date.

(d) Training for Veterinary Therapeutic Radiation Machine Radiation Safety Officer: The licensee for any therapeutic radiation machine subject to Rules within this subpart shall require the Radiation Safety Officer:

(1) Be listed as an Authorized User or Authorized Medical Physicist on the license; or

(2) Be certified by the American Board of Health Physics in Health Physics; or,

(3) Be certified by the American Board of Science in Nuclear Medicine in Radiation Protection; or

(4) Be certified by the American Board of Radiology in:

(A) Diagnostic Radiologic Physics;

(B) Diagnostic Medical Physics;

(C) Medical Nuclear Physics;

(D) Nuclear Medical Physics; or

(5) Be certified by the American Board of Medical Physics in Medical Health Physics; or

(6) Has completed a structured educational program consisting of both:

(A) 200 hours of classroom and laboratory training in the following areas: Radiation physics and instrumentation, radiation protection, radiation biology, and radiation dosimetry, and

(B) One year of full-time radiation safety experience under the supervision of the individual identified as the Radiation Safety Officer on an Agreement State license or permit that authorizes similar type(s) of use(s) of radiation sources;

(7) An individual identified on an Agency or an Agreement State medical accelerator license as an Therapeutic Radiation Machine Radiation Safety Officer on or before the effective date of this Rule need not comply with Subparagraphs (1) through (6) of this Paragraph, except they must meet the training requirements in radiation safety, regulatory issues, and emergency procedures for the types of use which they were not authorized on or before this date; and

(8) Receive training in the requirements of the rules in Sections .1000 and .1600 of this Chapter and the Rules of this Section.

(e) Qualifications of Operators: Individuals who will be operating therapeutic radiation machines on patients or irradiation of products to be used by patients, shall:

(1) Comply with the requirements of Section .0900 of this Chapter; and

(2) Successfully complete a licensee-developed initial and ongoing competency program in the use of the therapeutic radiation machine as well as other ancillary systems used by the operator in veterinary medical use applications. The competency program shall be documented, and documentation of training shall include the list of topics evaluated, and shall be approved by the licensee, signed, and dated. Records required by this subparagraph shall be maintained for three years from the completion date of the approved competency program.

(f) Documented safety procedures shall be developed by an Authorized Medical Physicist and shall be readily accessible in the control area of a therapeutic radiation machine, including any restrictions required for the safe operation of the therapeutic radiation machine. The operator shall be able to demonstrate familiarity with these Rules.

(g) Patients shall not be exposed to the useful beam except for medical therapy purposes and unless such exposure has been ordered in writing by a therapeutic radiation machine authorized user. This provision specifically prohibits deliberate exposure of a patient for training, demonstration, or other non-healing-arts purposes.

(h) Visiting Veterinary Authorized User: A licensee may permit any veterinarian to act as a visiting authorized user under the term of the licensee's license for a total of 60 days per calendar year under the following conditions:

(1) The visiting authorized user has the prior approval of the licensee's management; and

(2) The visiting authorized user meets the requirements established for authorized users in Paragraph (b) of this Rule; and

(3) The licensee shall maintain copies of the documentation of the approval and that the visiting authorized user met the requirements of this Rule for three years from the date of the last visit.

(i) Visiting Veterinary Authorized Medical Physicist: A licensee may permit any medical physicist to act as a visiting authorized medical physicist under the term of the licensee's license for a total of 60 days per calendar year under the following conditions:

(1) The visiting authorized medical physicist has the prior approval of the licensee's management; and

(2) The visiting authorized medical physicist meets the requirements established for authorized user(s) in Subparagraphs (c)(1) through (c)(5) of this Rule; and

(3) The licensee shall maintain copies of the documentation of the approval and that the visiting authorized medical physicist met the requirements of this Rule for three years from the date of the last visit.

(j) All individuals associated with the operation of a therapeutic radiation machine shall be instructed in and shall comply with the provisions of the licensee's quality management program. In addition to the requirements of this Section, these individuals are also subject to the requirements of Rules .1601(a)(8), (a)(24) and (a)(51) of this Chapter.

(k) Unless otherwise specified by license condition, whenever patients are being treated by a therapeutic radiation machine, a veterinarian shall be accessible. This veterinarian does not need to be an authorized user.

(l) A licensee that permits supervised activities within this subpart is responsible for the acts and omissions of the supervised individual.

(m) Information and Maintenance Record and Associated Information: The licensee shall maintain the following information in a separate file or package for each therapeutic radiation machine, for inspection by the Agency:

(1) Report of acceptance testing and commissioning;

(2) Records of all surveys, calibrations, and periodic quality assurance checks of the therapeutic radiation machine required by this Section, as well as the name(s) of person(s) who performed such activities;

(3) Records of maintenance or modifications performed on the therapeutic radiation machine after the effective date of this Rule, as well as the name(s) of person(s) who performed such services;

(4) Assessments performed by an Authorized Medical Physicist, prior to the return of a therapeutic radiation machine to clinical use, after significant service, repair, or upgrade that may result in variances of machine function(s) more than the threshold(s) established within the quality management program.

(n) Records Retention: All records required by this Section shall be retained until these records have been inspected by the Agency, unless another retention period is specifically authorized in this Section.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .2004 GENERAL TECHNICAL REQUIREMENTS FOR FACILITIES USING VETERINARY THERAPEUTIC RADIATION MACHINES

(a) Protection Surveys:

(1) The licensee shall ensure that radiation shielding surveys of all new facilities, and existing facilities not previously surveyed are performed with an operable radiation measurement survey instrument calibrated in accordance with Rule .2008 of this Section. The radiation protection survey shall be performed by, or under the direction of, an Authorized Medical Physicist or a qualified expert, and shall verify that, with the therapeutic radiation machine in a "BEAM-ON" condition:

(A) Radiation levels in restricted areas are not likely to cause personnel exposures more than the limits specified in Rule .1601(a)(8) of this Chapter; and

(B) Radiation levels in unrestricted areas do not exceed the limits specified in Rule .1601(a)(15) of this Chapter.

(2) In addition to the requirements of Subparagraph (a)(1) of this Rule, a radiation protection survey shall also be performed:

(A) After making any change in the treatment room shielding;

(B) After making any change in the location of the therapeutic radiation machine within the treatment room;

(C) After relocating the therapeutic radiation machine;

(D) After changes in occupancy of surrounding areas; or

(E) Before using the therapeutic radiation machine in a manner that could result in increased radiation levels in areas outside the external beam radiation therapy treatment room.

(3) The survey record shall include: the date of the measurements; the reason the survey is required; the manufacturer's name; model number and serial number of the therapeutic radiation machine; the instruments used to measure radiation levels; a plan of the areas surrounding the treatment room that were surveyed; the measured dose rate at several points in each area expressed in microsieverts or millirems per hour; the calculated maximum level of radiation over a period of one week for each restricted and unrestricted area; and the signature of the individual responsible for conducting the survey;

(4) If the results of the surveys required by this Paragraph indicate any radiation levels in excess of the limits specified in Parts (1)(A) or (B) of this Paragraph, the licensee shall disable

the machine from use, label clearly, and not use the unit:

(A) Except as may be necessary to repair, replace, or test the therapeutic radiation machine, the therapeutic radiation machine shielding, or the treatment room shielding; or

(B) Until the licensee has received a specific exemption from the Agency.

(b) Modification of Radiation Therapy Unit or Room Before Beginning a Treatment Program. If the survey required by Paragraph (a) of this rule indicates that an individual in an unrestricted area may be exposed to levels of radiation greater than those permitted by Rule .1601 of this Chapter, before beginning the treatment program the licensee shall:

(1) Either equip the unit with beam direction interlocks or add additional radiation shielding to ensure compliance with Rule .1601 of this Chapter;

(2) Perform the survey required by Paragraph (a) of this Rule again; and

(3) Include in the report required by Paragraph (d) of this Rule the results of the initial survey, a description of the modification made to comply with Subparagraph (b)(1) of this Rule, and the results of the second survey; or

(4) Receive an amended license issued by the agency that authorizes radiation levels in unrestricted areas greater than those permitted by Rule .1601 of this Chapter.

(c) Radiation Measuring Equipment. The licensee shall have, when required, appropriate and operable radiation measuring equipment available for use and calibrated in accordance with Rule .2008 of this Section. Radiation measuring equipment includes, but is not limited to, dosimetry systems, survey instruments, and other radiation measuring devices used in planning, guiding, and administering radiation.

(d) Reports of External Beam Radiation Therapy Surveys and Measurements. The licensee for any therapeutic radiation machine subject to Rules within this subpart shall furnish a copy of the records required in Paragraphs (a) and (b) of this Rule to the Agency within 30 days following completion of the action that initiated the record requirement.

History Note: *Authority G.S. 104E-7;*
Eff. October 1, 2025.

10A NCAC 15 .2005 QUALITY MANAGEMENT PROGRAM

(a) Each licensee or applicant subject to Rules within this subpart shall develop, implement, and maintain a quality management program to provide high confidence that radiation will be administered as directed by the authorized user.

(b) Scope and Applicability. The quality management program shall address, as a minimum, the following specific objectives:

(1) Written Directives:

(A) A written directive must be approved by an authorized user prior to the administration of radiation. If because of the patient's condition, a delay in the order to provide a written revision to an existing written directive would jeopardize the patient's health, an oral revision to an existing written directive will be acceptable, provided that the oral revision is documented as soon as possible in writing in the patient's record and a revised written directive is signed by an authorized user within 48 hours of the oral revision.

(B) The written directive must contain the patient's name, treatment site, method of delivery, dose per fraction, total number of fractions, and total dose.

(C) A written revision to an existing written directive may be made provided that the revision is dated and approved by an authorized user prior to the administration of the therapeutic radiation machine dose, or the next fractional dose.

(D) The licensee shall retain a copy of the written directive for three years.

(2) Procedures for Administrations. For any administration requiring a written directive, the licensee shall develop, implement, and maintain written procedures to provide that:

(A) Prior to the administration of each course of radiation treatments, the patient's identity is verified.

(B) Each administration is in accordance with the written directive.

(C) Develop a table-shift policy describing action to be taken by staff in the event shifts are used for patient setup and a table shift exceeds limitations established within the treatment plan.

(D) Therapeutic radiation machine final plans of treatment and related calculations are in accordance with the respective written directives by: Checking both manual and computer-generated dose calculations to verify they are correct and in accordance with the written directive, and verifying that any computer-generated calculations are correctly transferred into the consoles of authorized therapeutic medical units;

(E) Any unintended deviation from the written directive is identified, evaluated, corrective action taken, the unintended deviation documented; and

(F) The licensee retains a copy of the procedures for administrations for the duration of the license.

(c) New Procedures on Established Equipment. Established and commissioned therapeutic radiation machines shall reevaluate equipment parameters, pursuant to this Section, when new procedures are to be performed if the parameters, including dose rate, field size, imaging accuracy, maximum dose, falls outside of the original commissioned parameters.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .2006 VETERINARY THERAPEUTIC RADIATION MACHINES OF LESS THAN 500 KV

(a) The licensee shall provide documentation that equipment within this section conforms to the relevant International Electrotechnical Commission standard, documentation of US Food and Drug Administration clearance, or documentation of participation in a clinical research study approved by the licensee's Institutional Animal Care and Use Committee.

(b) Facility Design Requirements for Therapeutic Radiation Machines Capable of Operating in the Range 50 kV to 500 kV shall meet the requirements of Rule .2009 of this Section and shall permit continuous observation of the patient subject during irradiation and the viewing system shall be so located that the operator can observe the patient from the control panel. The therapeutic radiation machine shall not be used for patient irradiation unless at least one viewing system is operational.

(c) Additional Requirements. Treatment rooms that contain a therapeutic radiation machine capable of operating above 150 kV shall meet the following additional requirements:

(1) All protective barriers shall be fixed except for entrance doors or beam interceptors;

(2) The control panel shall be located outside the treatment room or in a totally enclosed booth, which has a ceiling, inside the room;

(3) Interlocks shall be provided such that all entrance doors, including doors to any interior booths, shall be closed before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall not be possible to restore the machine to operation without closing the door and reinitiating irradiation by manual action at the control panel; and

(4) When any interlocked door is opened while the x-ray tube is activated, the air kerma rate at a distance of 1 meter from the source shall be reduced to less than 1 mGy or 100 mrad per hour.

(d) Acceptance Testing, Commissioning, and Calibration Measurements. Acceptance testing, commissioning, and full calibration of a therapeutic radiation machine subject to this Rule shall be performed by, or under the direct supervision of, an Authorized Medical Physicist:

(1) Acceptance testing and commissioning shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, such as the American Association of Physicists in Medicine, the American College of Radiology and the American Society for Radiation Oncology. In the absence of a protocol published by a national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed. Acceptance testing and commissioning shall be conducted before the first medical use following installation or reinstallation of the therapeutic radiation machine.

(2) A licensee authorized to use a therapeutic radiation machine for medical use shall perform calibration measurements on each therapeutic radiation machine:

(A) Before the first medical use of the unit;

(B) Whenever spot-check measurements indicate that the output, for each specific mode and energy, differs by more than five percent from the output obtained at the last calibration;

(C) Following reinstallation of the therapeutic radiation machine in a new location;

(D) Following any repair of the therapeutic radiation machine that would likely impact the radiation output beyond the normal range of expected fluctuation; and

(E) at intervals not exceeding annually.

(3) To satisfy the requirement of Paragraph (a) of this Rule, an authorized medical physicist shall design and implement a calibration procedure for each radiation therapy machine which is consistent with the specifications recommended by the manufacturer of the equipment and consistent with nationally recognizable standards. The calibration procedure shall be designed to ensure accurate patient treatments, in accordance with the written directive and treatment plan. The calibration procedure shall include, but not be limited to, the following:

(A) Accuracy of output measurements to within ± five percent of radiations used medically; and,

(B) Evaluation and accuracy of auxiliary systems, such as motion tracking or gating and image guidance, used during patient treatments.

(4) A licensee shall use the dosimetry system described in Rule .2008 of this Section to measure the output for one set of exposure conditions. The remaining radiation measurements required in Part (3)(A) of this Paragraph may be made using a dosimetry system that indicates relative dose rates.

(5) The evaluations and measurements for:

(A) Acceptance, commissioning, and calibration measurements required by Part (3)(A) of this Paragraph shall be performed under the direct supervision of an authorized medical physicist;

(B) Full calibration measurements required by Part (3)(B) of this Paragraph shall be performed by an authorized medical physicist or under the general supervision of an authorized medical physicist.

(6) A licensee shall maintain a record of each therapeutic radiation machine calibration for three years. The record must include:

(A) The date of the calibration;

(B) The manufacturer's name, model number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to calibrate the units;

(C) The results and an assessment of the calibrations; and

(D) The name of the authorized medical physicist who approves the calibration.

(7) A licensee shall maintain a record of each therapeutic radiation machine acceptance testing and commissioning for the lifetime of the machine. The record must include:

(A) The date of the acceptance testing or commissioning;

(B) The manufacturer's name, model number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to evaluate the units;

(C) The results and an assessment of acceptance testing or commissioning; and

(D) The name of the authorized medical physicist who approves the acceptance testing or commissioning.

(e) Independent Verification of Therapeutic Radiation Machine Output

(1) In addition to the full calibration required by Paragraph (a) of this Rule, the licensee shall have the outputs, for all clinically used radiations, independently verified:

(A) Within 90 days of first clinical use of a new installation;

(B) Within 90 days of first clinical use following a reinstallation in a new location; and

(C) Biennially, thereafter.

(2) Verification may be obtained by:

(A) irradiating dosimeters from an American Association of Physicists in Medicine Accredited Dosimetry Calibration Laboratory; or

(B) evaluation by a registered qualified expert using an independent dosimetry system meeting the requirements of Rule .0947 of this Chapter.

(3) A licensee shall maintain a record of each independent verification of therapeutic radiation machine output for three years. The record must include:

(A) If obtained by Part (2)(A) of this Paragraph: The date of the irradiation, the date of the analysis by the dosimetry center, name, address and contact information for the American Association of Physicists in Medicine Accredited Dosimetry Calibration Laboratory, and the results of the independent verification.

(B) If obtained by Part (2)(B) of this Paragraph: the date of the calibration, the manufacturer's name, model number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to calibrate the units, The results and an assessment of the independent verification, and the name of the registered qualified expert who provided the independent verification.

(f) Quality Assurance Checks.

(1) Periodic quality assurance checks shall be performed on therapeutic radiation machines subject to this Rule, which are capable of operation at greater than or equal to 50 kV.

(2) To satisfy the requirement of Subparagraph (1) of this Paragraph, quality assurance checks shall meet the following requirements:

(A) The licensee shall perform quality assurance checks, to include ensuring the proper function of requirements outlined in Paragraphs (d) and (e) of this Rule, in accordance with written procedures established by the Authorized Medical Physicist; and

(B) The quality assurance check procedures shall specify the frequency at which tests or measurements are to be performed. The quality assurance check procedures shall specify that the quality assurance check shall be performed during the calibration specified in Paragraph (d) of this Rule. The acceptable tolerance for each parameter measured in the quality assurance check, when compared to the value for that parameter determined in the calibration specified

in Paragraph (d) of this Rule shall be stated.

(3) The cause for a parameter exceeding a tolerance set by the Authorized Medical Physicist shall be investigated and corrected before the system is used for patient irradiation;

(4) Whenever a quality assurance check indicates a significant change in the operating characteristics of a system, as specified in the Authorized Medical Physicist's quality assurance check procedures, the system shall be recalibrated as required in Subparagraph (d)(2) of this Rule;

(5) The licensee shall use the dosimetry system described in Rule .2008 of this Section to make the quality assurance check required in Subparagraph (2) of this Paragraph;

(6) The licensee shall maintain a record of each quality assurance check required by this Paragraph for three years. The record shall include: the date of the quality assurance check; the manufacturer's name, model number, and serial number of the therapeutic radiation machine; the manufacturer's name; model number and serial number for the instruments used to measure the radiation output of the therapeutic radiation machine; and the signature of the individual who performed the periodic quality assurance check.

(g) Operating Procedures.

(1) The therapeutic radiation machine shall not be used for irradiation of patients unless the requirements of Paragraphs (d) and (e) of this Rule have been met;

(2) Therapeutic radiation machines shall not be left unattended unless secured pursuant to Rules .1601(a)(32) and (33) of this Chapter;

(3) When a patient must be held in position for radiation therapy, mechanical supports or immobilization devices shall be used;

(4) The tube housing or any other part of the imaging assembly shall not be held by an individual during operation unless the assembly is designed to require such holding and the peak tube potential of the system does not exceed 50 kV. In such cases, the holder shall wear protective gloves and apron of not less than 0.5 millimeters lead equivalency at 100 kV;

(5) A copy of the current operating and emergency procedures shall be maintained at the therapeutic radiation machine control console; and

(6) No individual other than the patient shall be in the treatment room during exposures from therapeutic radiation machines operating above 150 kV. At energies less than or equal to 150 kV, any individual, other than the patient, in the treatment room shall be protected by a barrier sufficient to meet the requirements of Rule .1601(a)(8) of this Chapter.

(h) Electronic brachytherapy devices are subject to the requirements of Rule .2011 of this Chapter and are exempt from the requirements of this Rule.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .2007 VETERINARY THERAPEUTIC RADIATION MACHINES OF 500 KEV AND ABOVE

(a) The licensee shall provide documentation that equipment within this section conforms to the relevant International Electrotechnical Commission standard, documentation of US Food and Drug Administration clearance, or documentation of participation in a clinical research study approved by the licensee's Institutional Animal Care and Use Committee.

(b) Facility Design Requirements for Therapeutic Radiation Machines Operating above 500 kV. In addition to shielding adequate to meet requirements of Rule .2009 of this Section, the following design requirements are made:

(1) Protective Barriers. All protective barriers shall be fixed and permanent with respect to the radiation source and designed to comply with the dose limits required by Rules .1601(a)(8) and .1601(a)(15) of this Chapter and shall be external to the dedicated space, except for access doors to the treatment space or movable beam interceptors;

(2) Control Panel. In addition to other requirements specified within this Section, the control panel shall also:

(A) Be located outside the treatment space and shall comply with the dose limits required by Rules .1601(a)(8) and .1601(a)(15) of this Chapter; and

(B) Provide a visual indication of when radiation is being produced;

(3) Include access controls that will prevent unauthorized use of the therapeutic radiation machine;

(4) Viewing Systems. Viewing system shall be provided to permit continuous observation of the patient following positioning and during irradiation and shall be so located that the operator may observe the patient from the treatment control panel. The therapeutic radiation machine shall not be used for patient irradiation unless at least one viewing system is operational;

(5) Entrances. Treatment space entrances shall be provided with warning lights in a viewable location outside of all entrances, which will indicate when the useful beam is "ON" and when it is "OFF";

(6) Entrance Interlocks. Interlocks shall be provided such that all access controls are activated before treatment can be initiated or continued. If the radiation beam is interrupted

by any access control, it shall not be possible to restore the machine to operation without activating the access control and reinitiating irradiation by manual action at the control panel;

(7) Movable Beam Interceptor Interlocks. If the shielding material in any protective barrier requires the presence of a movable beam interceptor to ensure compliance with Rule .1601(a)(15) of this Chapter, interlocks shall be provided to prevent the production of radiation, unless the beam interceptor is in place, whenever the useful beam is directed at the designated barriers;

(8) Emergency Cutoff Switches. At least one emergency power cutoff switch shall be located in the radiation therapy room and shall terminate all equipment electrical power including radiation and mechanical motion. All emergency power cutoff switches shall include a manual reset so that the therapeutic radiation machine cannot be restarted from the unit's control console without resetting the emergency cutoff switch; and

(9) Safety Interlocks. All safety interlocks shall be designed so that any defect or component failure in the safety interlock system prevents or terminates operation of the therapeutic radiation machine.

(c) Authorized Medical Physicist Support.

(1) The services of an Authorized Medical Physicist shall be required in facilities having therapeutic radiation machines. The Authorized Medical Physicist shall be responsible for:

(A) Calibrations required by Paragraph (d) of this Rule and the protection surveys required by Rule .2004(a) of this Section;

(B) Beam data acquisition and configuration for treatment planning, and supervision of its use;

(C) Quality assurance, including quality assurance check review required by Paragraph (f) of this Rule.

(D) Consultation with the authorized user in treatment planning, as needed; and

(E) Perform calculations and assessments regarding medical events.

(2) The operating procedures required by Paragraph (c) of this Rule shall also address how the Authorized Medical Physicist is to be contacted for problems or emergencies, as well as the specific actions, if any, to be taken until the Authorized Medical Physicist can be contacted.

(d) Operating Procedures.

(1) No person shall be in the treatment space during treatment or during any irradiation for testing or calibration purposes;

(2) Therapeutic radiation machines shall not be made available for medical use unless the requirements of Rule .2004(a) of this Chapter, and Paragraphs (d), (e) and (f) of this Rule have been met;

(3) Therapeutic radiation machines, when not in operation, shall be secured to prevent unauthorized use pursuant to Rules .1601(a)(32) and (33) of this Chapter;

(4) When a patient must be held in position for radiation therapy, mechanical supports or immobilization devices shall be used;

(5) A copy of the current operating and emergency procedures shall be maintained at the therapeutic radiation machine control console.

(e) Acceptance Testing, Commissioning and Calibration Measurements. Acceptance testing, commissioning, and calibration of a therapeutic radiation machine subject to this Rule shall be performed by, or under the direct supervision of, an Authorized Medical Physicist:

(1) Acceptance testing and commissioning shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, that includes the American Association of Physicists in Medicine, the American College of Radiology and the American Society for Radiation Oncology. In the absence of a protocol published by a national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.

(2) A licensee authorized to use a therapeutic radiation machine for medical use shall perform calibration measurements on each therapeutic radiation machine:

(A) Before the first medical use of the unit; and

(B) Before medical use under the following conditions: Whenever spot-check measurements indicate that the output, for each specific mode and energy, differs by more than five percent from the output obtained at the last calibration, following reinstallation of the therapeutic radiation machine in a new location, or following any repair of the therapeutic radiation machine that would likely impact the radiation output beyond the normal range of expected fluctuation, and at intervals not exceeding annually.

(3) To satisfy the requirement of Paragraph (d) of this Rule, an authorized medical physicist shall design and implement a calibration procedure for each radiation therapy machine which is consistent with the specifications

recommended by the manufacturer of the equipment and consistent with nationally recognizable standards. The calibration procedure shall be designed to ensure accurate patient treatments, in accordance with the written directive and treatment plan. The calibration procedure shall include, but not be limited to, the following:

(A) Accuracy of output measurements to within ± five percent of radiations used medically; and,

(B) Evaluation and accuracy of auxiliary systems, such as motion tracking or gating and image guidance, used during patient treatments.

(f) Independent Verification of Therapeutic Radiation Machine Output

(1) In addition to the calibration required by Paragraph (d) of this Rule, the licensee shall have the outputs, for all clinically used radiations, independently verified:

(A) Within 90 days of first clinical use of a new installation;

(B) Within 90 days of first clinical use following a reinstallation in a new location; and

(C) Biennially, thereafter.

(2) Verification may be obtained by:

(A) the authorized medical physicist irradiating dosimeters from an American Association of Physicists in Medicine Accredited Dosimetry Calibration Laboratory; or

(B) evaluation by an independent registered qualified expert using an independent dosimetry system meeting the requirements of Rule .2008 of this Chapter.

(3) A licensee shall maintain a record of each independent verification of therapeutic radiation machine output for three years. The record must include:

(A) If obtained by Part (e)(2)(A) of this Rule: The date of the irradiation, the date of the analysis by the dosimetry center, name, address and contact information for the American Association of Physicists in Medicine Accredited Dosimetry Calibration Laboratory, and the results of the independent verification.

(B) If obtained by Part (e)(2)(B) of this Rule: The date of the calibration, the manufacturer's name, model number, and serial number of the therapeutic radiation machine, auxiliary systems, and the instruments used to calibrate the unit(s), the results and an assessment of the independent verification, and the name of the independent registered qualified expert who provided the independent verification.

(g) Quality Assurance Checks.

(1) Periodic quality assurance checks shall be performed on therapeutic radiation machines subject to this Rule, which are capable of operation at greater than or equal to 500 kV.

(2) To satisfy the requirement of Subparagraph (f)(1) of this Rule, quality assurance checks shall meet the following requirements:

(A) The licensee shall perform quality assurance checks, to include ensuring the proper function of requirements outlined in Paragraphs (d) and (e) of this Rule, in accordance with written procedures established by the Authorized Medical Physicist; and

(B) The quality assurance check procedures shall specify the frequency at which tests or measurements are to be performed. The quality assurance check procedures shall specify that the quality assurance check shall be performed during the calibration specified in Paragraph (d) of this Rule. The acceptable tolerance for each parameter measured in the quality assurance check, when compared to the value for that parameter determined in the calibration specified in Paragraph (d) of this Rule, shall be stated.

(3) The cause for a parameter exceeding a tolerance set by the Authorized Medical Physicist shall be investigated and corrected before the system is used for patient irradiation;

(4) Whenever a quality assurance check indicates a significant change in the operating characteristics of a system, as specified in the Authorized Medical Physicist's quality assurance check procedures, the system shall be recalibrated as required in Paragraph (d) of this rule;

(5) The licensee shall use the dosimetry system described in Rule .2008 of this Section to make the quality assurance check required in Paragraph (f) of this rule;

(6) The licensee shall maintain a record of each quality assurance check required by Paragraph (f) of this Rule for three years. The record shall include: the date of the quality assurance check; the manufacturer's name, model number, and serial number of the therapeutic radiation machine; the manufacturer's name; model number and serial number for the instruments used to measure the radiation output of the therapeutic radiation machine; and the

signature of the individual who performed the periodic quality assurance check.

History Note: *Authority G.S. 104E-7;*
Eff. October 1, 2025.

10A NCAC 15 .2008 CALIBRATION OF SURVEY INSTRUMENTS AND DOSIMETRY SYSTEMS

(a) Survey Instruments, when employed by the licensee to perform surveys required by this section:

(1) The licensee shall ensure that the survey instruments used to show compliance with the provisions of this Rule have been calibrated before first use, at intervals not to exceed 12 months and following repair.

(2) To satisfy the requirements of Subparagraph (1) of this Paragraph, the licensee shall:

(A) Calibrate all required scale readings up to 10 mSv or 1000 mrem per hour with an appropriate radiation source that is traceable to the National Institute of Standards and Technology;

(B) Calibrate at least two points on each scale to be calibrated. These points should be at approximately 1/3 and 2/3 of full-scale; and

(3) To satisfy the requirements of Subparagraph (a)(2) of this Rule, the licensee shall consider a point as calibrated if the indicated dose rate differs from the calculated dose rate by not more than 10 percent.

(4) The licensee shall retain a record of each calibration required in Paragraph (a) of this rule for three years. The record shall include:

(A) A description of the calibration procedure; and

(B) A description of the source used and the certified dose rates from the source, and the rates indicated by the instrument being calibrated, the correction factors deduced from the calibration data, the signature of the individual who performed the calibration, and the date of calibration.

(5) The licensee may obtain the services of individuals licensed by the Agency, the US Nuclear Regulatory Commission or an Agreement State to perform calibrations of survey instruments. Records of calibrations that contain information required by Paragraph (d) of this Rule shall be maintained for three years by the licensee.

(6) The record must include the model and serial number of the instrument, the date of the calibration, the results of the calibration, and the name of the individual who performed the calibration.

(b) Dosimetry system:

(1) A licensee shall have a calibrated dosimetry system available for use. To satisfy this requirement, one of the following two conditions must be met.

(A) The system must have been calibrated using a system or source traceable to the National Institute of Standards and Technology and published protocols accepted by nationally recognized bodies; or by a calibration laboratory accredited by the American Association of Physicists in Medicine. The calibration must have been performed within the previous two years and after any servicing that may have affected system calibration; or

(B) The system must have been intercompared with another dosimetry system that was calibrated within the previous two years by National Institute of Standards and Technology or by a calibration laboratory accredited by the American Association of Physicists in Medicine. The results of the intercomparison must indicate that the calibration factor of the licensee's system had not changed by more than two percent.

(2) A licensee shall retain a record of the calibration, intercomparison, and comparisons of its dosimetry equipment done for three years after the record is made. For each calibration, intercomparison, or comparison, the record must include:

(A) The date;

(B) The manufacturer's name, model numbers and serial numbers of the instruments that were calibrated, intercompared, or compared as required by Paragraphs (b)(1) and (b)(2) of this Rule;

(C) The correction factor that was determined from the calibration or comparison or the apparent correction factor that was determined from an intercomparison; and

(D) The names of the individuals who performed the calibration, intercomparison, or comparison.

History Note: *Authority G.S. 104E-7;*
Eff. October 1, 2025.

10A NCAC 15 .2009 SHIELDING AND SAFETY DESIGN REQUIREMENTS

(a) Each therapeutic radiation machine subject to Rules within this subpart shall be provided with such primary or secondary barriers as are necessary to ensure compliance with Rules

.1601(a)(8) and .1601(a)(15) of this Chapter and must consider the types of radiations generated in the use of the equipment.
(b) Facility shielding and safety designs shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, such as the American Association of Physicists in Medicine and the National Council on Radiation Protection and Measurements. In the absence of a protocol published by a national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.
(c) Facility design information for all new installations of a therapeutic radiation machine or installations of a therapeutic radiation machine of different model, higher energy or workload into a room not previously approved for that energy, isocenter or planned workload shall be submitted for Agency approval prior to actual installation of the therapeutic radiation machine.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .2010 OTHER USE OF ELECTRONICALLY-PRODUCED RADIATION TO DELIVER THERAPEUTIC RADIATION DOSAGE
(a) A person shall not utilize any device which is designed to electrically generate a source of ionizing radiation to deliver therapeutic radiation dosage, and which is not regulated under any existing category of therapeutic radiation machine, until the applicant or licensee has, at a minimum, provided the Agency with:

(1) Documentation that equipment to be licensed conforms to the relevant International Electrotechnical Commission standard, documentation of US Food and Drug Administration clearance, or documentation of participation in a clinical research study approved by the licensee's Institutional Animal Care and Use Committee.
(2) A detailed description of the device and its intended applications;
(3) Facility design requirements, including shielding and access control;
(4) Documentation of appropriate training for authorized users, authorized medical physicists, and other personnel who will be involved in performing quality assurance tasks and setting up patients for treatment or delivering treatment;
(5) Methodology for measurement of dosages to be administered to patients;
(6) Documentation regarding calibration, maintenance, and repair of the device, as well as instruments and equipment necessary for quality assurance and radiation safety
(7) Radiation safety precautions and instructions; and
(8) Other information requested by the Agency in its review of the application; and

(b) The applicant or licensee has received written approval from the Agency to utilize the device in accordance with the regulations and specific conditions the Agency considers necessary for the medical use of the device.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

10A NCAC 15 .2011 EMERGING TECHNOLOGIES
(a) Each registrant shall develop, implement, and maintain a dedicated quality management program to control the processes used to administer therapeutic radiation with US Food and Drug Administration cleared emerging technologies or previously unused features of a future or existing technology system.
(b) Implementation and on-going clinical use of the technology dated before the technology arrives at the facility or the new features are used:

(1) Must include an explicit strategy to ensure quality of processes and patient safety.
(2) Must include approval from facility management and the radiation oncology safety team before the technology arrives or new features are used.

(c) The quality management program shall be developed by the radiation oncology safety team.
(d) The quality management program shall address, at a minimum:

(1) Education and training about new technologies and features;
(2) A system and timeline for on-going competency assessment;
(3) A system for real-time recording of on-going issues related to the technology and clinical use of the new technology or features;
(4) A strategy for timely investigation and adjudication of accidents and process deviations that may be captured in the system developed in Subparagraph (b)(1) of this Rule;
(5) A strategy for routine review at intervals not to exceed 13 months of the clinical use of the new technology or features which includes an assessment of the current use compared to Paragraph (b) of this Rule and a plan to either update the clinical use plan or steps to bring the clinical use back into compliance with Paragraph (b) of this Rule;
(6) A strategy to ensure quality of equipment functions;
(7) An strategy for ensuring quality after hardware and software updates and after equipment repair.

(e) The quality management program shall be developed and maintained in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies, such as the American Association of Physicists in Medicine, the American College of Radiology, and the American Society for Radiation Oncology. In the absence of a protocol published by a national professional association, the

manufacturer's protocol or equivalent quality, safety, and security protocol shall be followed.
(f) New technology issues should be reported through the vendor or manufacturer, applicable regulatory agency alerts, and customer service bulletins and be reviewed and addressed via a documented reporting system.

History Note: Authority G.S. 104E-7;
Eff. October 1, 2025.

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CHAPTER 48 - LOCAL HEALTH DEPARTMENT ACCREDITATION

SUBCHAPTER 48A - LOCAL HEALTH DEPARTMENT ACCREDITATION –ADMINISTRATION

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48A .0101 PURPOSE
10A NCAC 48A .0102 DEFINITIONS

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

10A NCAC 48A .0201 SELF-ASSESSMENT
10A NCAC 48A .0202 SITE VISIT
10A NCAC 48A .0203 BOARD ACTION
10A NCAC 48A .0204 INFORMAL REVIEW PROCEDURES
10A NCAC 48A .0205 RE-ACCREDITATION

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SUBCHAPTER 48B - LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48B .0101 PURPOSE
10A NCAC 48B .0102 DEFINITIONS
10A NCAC 48B .0103 ACCREDITATION REQUIREMENTS

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Amended Eff. April 1, 2015; February 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0200 - MONITOR HEALTH STATUS

10A NCAC 48B .0201 BENCHMARK 1
10A NCAC 48B .0202 BENCHMARK 2
10A NCAC 48B .0203 BENCHMARK 3

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0300 - DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY

10A NCAC 48B .0301 BENCHMARK 4
10A NCAC 48B .0302 BENCHMARK 5
10A NCAC 48B .0303 BENCHMARK 6
10A NCAC 48B .0304 BENCHMARK 7
10A NCAC 48B .0305 BENCHMARK 8

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0400 - INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

10A NCAC 48B .0401 BENCHMARK 9
10A NCAC 48B .0402 BENCHMARK 10

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0500 - MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

10A NCAC 48B .0501 BENCHMARK 11
10A NCAC 48B .0502 BENCHMARK 12
10A NCAC 48B .0503 BENCHMARK 13

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0600 - DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

10A NCAC 48B .0601 BENCHMARK 14
10A NCAC 48B .0602 BENCHMARK 15

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0700 - ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

10A NCAC 48B .0701 BENCHMARK 16
10A NCAC 48B .0702 BENCHMARK 17
10A NCAC 48B .0703 BENCHMARK 18

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0800 - LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES TO ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE

10A NCAC 48B .0801 BENCHMARK 19
10A NCAC 48B .0802 BENCHMARK 20
10A NCAC 48B .0803 BENCHMARK 21
10A NCAC 48B .0804 BENCHMARK 22

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .0900 - ASSURE A COMPETENT PUBLIC HEALTH WORKFORCE AND PERSONAL HEALTH WORKFORCE

10A NCAC 48B .0901 BENCHMARK 23
10A NCAC 48B .0902 BENCHMARK 24
10A NCAC 48B .0903 BENCHMARK 25
10A NCAC 48B .0904 BENCHMARK 26

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .1000 - EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

10A NCAC 48B .1001 BENCHMARK 27

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .1100 - RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

10A NCAC 48B .1101 BENCHMARK 28
10A NCAC 48B .1102 BENCHMARK 29

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .1200 - PROVIDE FACILITIES AND ADMINISTRATIVE SERVICES

10A NCAC 48B .1201 BENCHMARK 30
10A NCAC 48B .1202 BENCHMARK 31
10A NCAC 48B .1203 BENCHMARK 32
10A NCAC 48B .1204 BENCHMARK 33

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SECTION .1300 – GOVERNANCE

10A NCAC 48B .1301 BENCHMARK 34
10A NCAC 48B .1302 BENCHMARK 35
10A NCAC 48B .1303 BENCHMARK 36
10A NCAC 48B .1304 BENCHMARK 37
10A NCAC 48B .1305 BENCHMARK 38
10A NCAC 48B .1306 BENCHMARK 39
10A NCAC 48B .1307 BENCHMARK 40
10A NCAC 48B .1308 BENCHMARK 41

History Note: Authority G.S. 130A-34.1;

Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Amended Eff. April 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016;
Repealed Eff. June 1, 2026.

SUBCHAPTER 48C - LOCAL HEALTH DEPARTMENT ACCREDITATION - ADMINISTRATION

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48C .0101 PURPOSE

The rules of this Subchapter establish the process for local health departments to become accredited pursuant to G.S. 130A-34.1.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0102 DEFINITIONS

The following definitions shall apply throughout this Chapter:

(1) "Accreditation" means an evaluation of an LHD's infrastructure, competence, and capacity to provide public health services through the satisfaction of the standards set out in 10A NCAC 48D Section .0200.

(2) "Accreditation status" means the status assigned to an LHD by the Board in accordance with G.S. 130A-34.1 and the rules of this Subchapter. The types of accreditation status are accredited, conditionally accredited, or unaccredited.

(3) "Activity" means a task demonstrating achievement of a portion of a standard.

(4) "Board" means "Accreditation Board" as defined in G.S. 130A-2(1).

(5) "Board of Health" or "BOH" means a "local board of health" as defined in G.S. 130A-2(4), a board of county commissioners that has assumed control of a local board of health in accordance with G.S. 153A-77(a), a consolidated human services board with the authority to carry out the functions of a local board of health in accordance with G.S. 153A-77(b)(2), or hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.

(6) "Community" means a subdivision of the population that shares one or more characteristics.

(7) "Community Health Assessment" means a process to identify through the collection and analysis of data and to document in a written report the public health needs within an LHD's jurisdiction.

(8) "Community Health Improvement Plan" means a written document setting out the steps to address the public health needs identified in the Community Health Assessment.

(9) "Community Partner" means individuals, groups, or organizations that are not affiliated with federal, state, local, or tribal government, but work with the LHD to identify and address public health needs.

(10) "Dashboard" means the web-based portal developed and maintained by the Institute to receive self-assessments submitted by LHDs. The Dashboard is located at https://nclhdaccreditation.unc.edu/nclhda-dashboard/.

(11) "Evidence-informed practice" means a way of doing something that is based on research findings, public health data, professional public health expertise, or customer feedback.

(12) "Institute" means the North Carolina Institute for Public Health.

(13) "Jurisdiction" means the county or counties that an LHD serves.

(14) "Local health department" or "LHD" means a local health department as defined in G.S. 130A-2(5), a consolidated human services agency that includes the local health department pursuant to G.S. 153A-77(b)(3), or an agency acting under the direction of a hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.

(15) "Local health director" means a local health director as defined in G.S. 130A-2(6) or appointed pursuant to G.S. 153A-77(e).

(16) "Population" means the people residing within an LHD's jurisdiction.

(17) "Self-assessment" means a written review that reflects the degree of an LHD's satisfaction of each standard and activity set out in 10A NCAC 48D Section .0200 that is completed and submitted by the LHD in accordance with 10A NCAC 48D .0201. The self-assessment shall include documentation supporting the completion of each activity.

(18) "Structural or Social Determinants of Health" or "SDOH" means the non-medical factors that impact health, well-being, and quality of life including social, economic, and political factors that generate and maintain individual health outcomes.

(19) "Standard" means a criterion to be assessed in determining an LHD's accreditation. A standard is comprised of activities.

(20) "Source of data" means quantitative or qualitative data collected by an LHD or another entity.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0201 SELF-ASSESSMENT

(a) Each LHD applying for accreditation in accordance with Rule .0205 of this Section shall complete a self-assessment in the Dashboard.

(b) The self-assessment shall include the following components:

(1) contact information for the LHD;
(2) the LHD's organizational chart;
(3) a narrative describing the LHD's population;
(4) a budget for the LHD for the current state fiscal year;
(5) the roster for the LHD's governing board;
(6) a personnel list for the LHD;
(7) the level of completion of each activity in 10A NCAC 48D Section .0200, scored in accordance with 10A NCAC 48D .0101(a); and
(8) documentation supporting the level of completion for each activity in Subparagraph (7) of this Paragraph.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0202 SITE VISIT

(a) The Institute shall select a site visit team composed of not fewer than three individuals. Each site visit team member shall have experience in an LHD. Together the individuals on a site visit team shall have experience in all of the following areas: health administration, environmental health, public health nursing, health education, and governance of an LHD. An individual shall not be part of a site visit team for an LHD where the individual is currently employed.

(b) The site visit team shall conduct the site visit of the LHD by:

(1) reviewing the LHD's self-assessment; and
(2) speaking with LHD staff and members of the LHD's BOH.

(c) The site visit team shall assess whether the LHD has completed each activity in 10A NCAC 48D Section .0200 and prepare a written report to be shared with the Board summarizing the site visit and recommending an accreditation status based on rule 10A NCAC 48D .0101. The site visit team shall provide a copy of the report to the Institute and to the LHD within 10 business days of the conclusion of the site visit.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0203 BOARD ACTION

(a) The site visit team shall present the report required by Rule .0202(c) of this Subchapter to the Board at the Board's next regularly scheduled meeting. The LHD shall have an opportunity to respond to the presentation.

(b) For each LHD site visit team report that is presented, the Board shall:

(1) assign the LHD an accreditation status in accordance with 10A NCAC 48D .0101; or
(2) defer assignment of an accreditation status in order to request additional information from the LHD.

(c) The Board may defer the assignment of accreditation status under Paragraph (b)(2) of this Rule by no more than six months.

(d) The Board's assignment of an accreditation status is effective the first day of the month following the date of Board action.

(e) An accreditation status of accredited shall expire four years from the last day of the month in which the Board assigned the accreditation status. Notwithstanding the foregoing, if an LHD's last accreditation status was accredited and the Board defers assigning a new accreditation status under Paragraph (b)(2) of this Rule, the LHD's accreditation status shall remain accredited until the Board assigns a new accreditation status.

(f) If a state of emergency declaration has been issued under G.S. 166A-19.3(19), a disaster declaration has been issued under G.S. 166A-19.3(3), or a disaster declaration has been made by the President of the United States under 44 C.F.R. Part 206, Subpart B naming all or part of an LHD's jurisdiction and the jurisdiction has an accreditation of status of "accredited," the Board may extend the LHD's accreditation status by up to 90 days following the end of the declaration.

(g) An accreditation status of conditionally accredited shall expire as set out in G.S. 130A-34.1(g)(2).

(h) The Board shall provide written notice to the LHD of any action taken under this Rule within 5 business days of the action.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0204 INFORMAL REVIEW PROCEDURES

(a) If the Board assigns an LHD the status of conditionally accredited or unaccredited, the LHD may submit a written request to the Board within 10 business days of receipt of written notice under Paragraph (g) of Rule .0203 of this Section for reconsideration of the Board's decision. The written request shall describe the LHD's reasoning for how it met the requirements for accreditation as set out in 10A NCAC 48D .0101. The request shall be submitted to NCLHDaccreditation@unc.edu.

(b) The Board shall review the LHD's request at the Board's next regularly scheduled meeting. The Board shall either affirm the LHD's assigned accreditation status or assign a new accreditation status based on the information provided. The Board shall provide written notice to the LHD of the Board's decision within 10 business days of the Board meeting where the request is reviewed.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0205 APPLYING FOR ACCREDITATION

(a) Each LHD shall apply for accreditation by completing a self-assessment in the Dashboard in accordance with Rule .0201 of this Section.

(b) If an LHD has an accreditation status of accredited or conditionally accredited, the LHD shall complete the self-assessment no later than five months before the expiration date of its accreditation status.

(c) If a county health department joins a district health department pursuant to G.S. 130A-36, the accreditation status of the district health department shall apply. If the district health department

does not have an accreditation status, the district health department shall complete the self-assessment no later than five months after forming and shall assume the accreditation status that applies to fifty percent or more of the counties in the district or a status of conditionally accredited. The accreditation status assumed under this Paragraph shall apply until the earlier of the Board taking action in accordance with Rule .0203 of this Section or twelve months have elapsed since formation of the district. If twelve months have elapsed since formation of the district without Board action, the district health department shall be unaccredited.
(d) If a county health department withdraws from a district health department pursuant to G.S. 130A-38, the county health department shall complete the self-assessment no later than five months after withdrawing from the district health department. The county health department shall retain the accreditation status of the district health department until the earlier of the Board taking action in accordance with Rule .0203 of this Section or twelve months elapsing since withdrawal from the district. If twelve months have elapsed since withdrawal from the district without Board action, the county health department shall be unaccredited.
(e) If an LHD timely completes the self-assessment as set out in Paragraphs (b)-(d) of this Rule, the Board shall initiate a site visit in accordance with Rule .0202 of this Section and take action in accordance with Rule .0203 of this Section before the LHD's accreditation status expires. In all other circumstances, the Board shall initiate a site visit in accordance with Rule .0202 of this Section within eight months of completion of the self-assessment and shall take action in accordance with Rule .0203 of this Section at its next regularly scheduled meeting following the site visit.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0101 ACCREDITATION REQUIREMENTS

(a) The completion of each activity in Section .0200 of this subchapter shall be scored based on the self-assessment and site visit as follows:

(1) two points shall be awarded when all of an activity is completed;
(2) one point shall be awarded when part of an activity is completed; and
(3) zero points shall be awarded when no part of an activity is completed.

(b) The Board shall assign an LHD an accreditation status of accredited if the LHD earns at least four points in each standard set out in rules .0201 through .0211 of this Subchapter and at least 81 points overall.
(c) If an LHD does not meet the criteria set out in Paragraph (b) of this Rule, the Board shall assign an accreditation status of conditionally accredited or unaccredited in accordance with G.S. 130A-34.1.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0201 STANDARD A: ASSESSMENT AND SURVEILLANCE

To satisfy the assessment and surveillance accreditation standard, a local health department shall complete the following activities:

(1) conduct a community health assessment;
(2) collect and use a minimum of two sources of data to document the health of the population and identify communities with barriers accessing health care;
(3) collect and use a minimum of two sources of data to guide LHD programs and services;
(4) provide, contract for the provision of, or assure the availability of laboratory services for disease detection in the jurisdiction; and
(5) monitor emerging health issues and threats and report communicable diseases in accordance with 10A NCAC 41A .0103.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0202 STANDARD B: COMMUNITY PARTNERSHIP DEVELOPMENT

To satisfy the community partnership and development standard, a local health department shall complete the following activities:

(1) consult with representatives of communities with barriers accessing health care in developing and implementing LHD programs and services;
(2) develop and maintain relationships with community partners and government entities to improve LHD programs and services; and
(3) consult community partners in the development of the community health improvement plan.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0203 STANDARD C: COMMUNICATIONS

To satisfy the communications standard, a local health department shall complete the following activities:

(1) develop a plan for communicating public health information to the population and demonstrate using the plan;
(2) tailor communications to reach communities and distribute the communications to those communities;
(3) share data about the health of the population with the public and community partners;
(4) develop partnerships with the media and promote public health messages through those partnerships; and
(5) develop and implement a plan to educate the population on public health topics.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0204 STANDARD D: EMERGENCY PREPAREDNESS AND RESPONSE

To satisfy the emergency preparedness and response standard, a local health department shall complete the following activities:

(1) maintain emergency preparedness and response plans and train LHD staff on those plans;

(2) provide LHD personnel and communications systems to implement preparedness and response plans, in the event of a state of emergency declaration under G.S. 166A-19.3(19), a disaster declaration under G.S. 166A-19.3(3), or a disaster declaration under 44 C.F.R. Part 206, Subpart B in coordination with government entities and community partners;

(3) maintain LHD continuity of operations in the event of a declared emergency or disaster, as set out in Paragraph (2) of this Rule;

(4) exercise the powers and duties of the local health director pursuant to G.S. 130A-41; and

(5) maintain a written plan that describes how to reach the LHD by phone, email, or other form of communication 24 hours per day, seven days per week.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0205 STANDARD E: STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH

To satisfy the structural and social determinants of health standard, a local health department shall complete the following activities:

(1) develop a plan that addresses structural or social determinants of health in the population;

(2) provide training to the LHD's workforce on structural or social determinants of health; and

(3) implement the plan to address structural or social determinants of health in the LHD's programs and services.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0206 STANDARD F: ORGANIZATIONAL WORKFORCE DEVELOPMENT

To satisfy the organizational workforce development standard, a local health department shall complete the following activities:

(1) comply with applicable state and local human resource laws and policies related to local health department employee grievances, performance reviews, and job qualifications, including to have, or be recruiting, a local health director who meets the qualifications of G.S. 130A-40;

(2) develop and implement a workforce development plan to recruit and retain employes who meet LHD job qualifications;

(3) review the workforce development plan to identify and implement improvements to the plan; and

(4) provide professional development to members of the LHD's workforce, including opportunities for on-the-job training and continuing education.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0207 STANDARD G: ORGANIZATIONAL LEADERSHIP, GOVERNANCE, AND LEGAL SERVICES

To satisfy the organizational leadership, governance, and legal services standard, a local health department shall complete the following activities:

(1) share public health updates with elected officials and community partners;

(2) develop and maintain a strategic plan that sets out the LHD's priorities for the LHD's services, programs, and initiatives;

(3) educate members of the LHD's Board of Health on their roles, responsibilities, and legal authority;

(4) access and use legal services; and

(5) develop and implement a plan to include community partners on public health boards, councils, or groups.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0208 STANDARD H: ORGANIZATIONAL FACILITIES

To satisfy the organizational facilities standard, a local health department shall complete the following activities:

(1) maintain facilities used for LHD programs and services;

(2) develop and maintain written protocols for the security of LHD facilities;

(3) develop and maintain clinical and environmental health equipment in accordance with manufacturers' requirements; and

(4) implement tobacco-free policies in LHD facilities.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0209 STANDARD I: ORGANIZATIONAL FINANCE AND INFORMATION TECHNOLOGY

To satisfy the organizational finance and information technology standard, a local health department shall complete the following activities:

(1) develop and maintain a budgeting, auditing, billing, and financial policy;

(2) evaluate the LHD's finances and identify opportunities to secure additional funding to support LHD programs and services; and
(3) maintain policies and procedures that comply with the privacy and security standards required by the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and its implementing regulations, as applicable.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0210 STANDARD J: ACCOUNTABILITY AND PERFORMANCE MANAGEMENT

To satisfy the accountability and performance management standard, a local health department shall complete the following activities:

(1) develop and maintain written policies and procedures for the administration of the LHD;
(2) comply with state and local laws and rules relating to programs and services offered by the LHD;
(3) maintain a procedure for monitoring and improving the performance of LHD programs and services;
(4) identify and use evidence-informed practices to improve LHD programs and services; and
(5) use quality improvement practices to improve LHD services and programs.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0211 STANDARD K: POLICY DEVELOPMENT AND SUPPORT

To satisfy the policy development and support standard, a local health department shall complete the following activities:

(1) enforce public health laws and rules in accordance with G.S. Chapter 130A-4;
(2) make recommendations to the LHD's Board of Health on local rules or policies to improve the health of the population; and
(3) make recommendations to legislators or regulators regarding state laws or rules impacting public health.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

TITLE 12 - DEPARTMENT OF JUSTICE

12 NCAC 09B .0203 ADMISSION OF TRAINEES

(a) The Commission-accredited school shall not admit any individual as a trainee in a presentation of the Commission-accredited Basic Law Enforcement Training Course (BLET) who is not a citizen of the United States.

(b) The Commission-accredited school shall not admit any individual younger than 20 years of age as a trainee in any basic criminal justice training course. Individuals under 20 years of age may be granted authorization for early enrollment as trainees in a presentation of BLET with prior written approval from the Director of the Division. The Director shall approve early enrollment if the individual will be 20 years of age, and is otherwise qualified, prior to the date of the State Comprehensive Examination for the BLET.

(c) The Commission-accredited school shall give priority admission in certified criminal justice training courses to individuals holding full-time employment with criminal justice agencies.

(d) The Commission-accredited school shall not admit any individual as a trainee in a presentation of the Commission-accredited Criminal Justice Instructor Training Course who does not meet the education and experience requirements for instructor certification under Rule .0302 of this Subchapter.

(e) The Commission-accredited school shall not admit an individual, including limited enrollment trainees, pursuant to Rule .0405 of the Subchapter, as a trainee in a presentation of BLET unless the individual, within one year prior to admission to the BLET, scores at or above mastery level on the NROC Edready™ Skills Inventory for English or places into course DRE 098 or above at a North Carolina Community College as a result of taking the Reading and English component of the North Carolina Diagnostic Assessment and Placement test as approved by the State Board of Community Colleges on October 17, 2014, (http://www.nccommunitycolleges.edu/state-board-community-colleges/meetings/october-17-2014), or has taken the reading component of a nationally standardized test and has scored at or above the tenth grade level or the equivalent. For the purposes of this Rule:

(1) Limited enrollment trainees do not include enrollees who hold or have held within 12 months prior to the date of enrollment, general certification pursuant to 12 NCAC 09C .0304.
(2) A "nationally standardized test" means a test that:
  (A) reports scores as national percentiles, stanines, or grade equivalents; and
  (B) compares student test results to a national norm.

(f) The Commission-accredited school shall not admit any individual as a trainee in a presentation of BLET unless the individual has provided to the School Director a medical examination report, completed by a physician, a physician's assistant, or a nurse practitioner, who holds a current license in the United States to practice medicine, as issued by a state medical board, to determine the individual's fitness to perform the essential job functions of a criminal justice officer. The Director of the Division shall grant an exception to this requirement for a period of time not to exceed the commencement of the physical fitness topical area when failure to receive the medical examination report is not due to neglect on the part of the trainee.

(g) The Commission-accredited school shall not admit any individual as a trainee in a presentation of BLET unless the individual is a high school, college, or university graduate or has

received a high school equivalency credential recognized by the issuing state

High school diplomas conferred through correspondence enrollment from any entity that imposes a fee and requires little or no academic instruction or coursework for issuance of the diploma shall not be recognized for purposes of satisfying the educational requirements.

(h) The Commission-accredited school shall not admit any individual trainee in a presentation of BLET unless the individual has provided the School Director one of the following types of record checks:

(1) a written notification, known as a "Criminal Record Conviction History for B.L.E.T. Enrollment," Form F-25, located at https://www.ncdoj.gov/About-DOJ/Law-Enforcement-Training-and-Standards/Criminal-Justice-Education-and-Training-Standards/Forms-and-Publications.aspx, from a department head stating that a criminal record check for local and state records has been conducted and no criminal convictions as listed in Paragraph (m) of this Rule were found that prohibit the individual trainee's enrollment in a presentation of BLET. The hiring agency or the individual trainee shall also provide certified court documentation for each criminal conviction;

(2) a certified criminal record check for local and state records, and certified court documentation for each criminal conviction. For the purpose of this Rule "Certified court documentation" and "record check" mean a document with either a raised seal or other visible verification that the document is authentic as a copy of the court's official record as authorized by law;

(3) if the individual trainee has only resided in North Carolina since obtaining the age of majority, provide a fingerprint-based criminal history background check known as a "Right to Review" performed by the North Carolina State Bureau of Investigation. For the purpose of this Rule, "Resided in" means any place the trainee has lived, worked, attended school, or participated in an internship. The individual shall also provide certified court documentation for each criminal conviction;

(4) a fingerprint-based criminal history background check known as a "Right to Review" performed by a federal agency including all locations where the trainee has lived since obtaining the age of majority. The individual shall also provide certified court documentation for each criminal conviction, including domestic and foreign locations where the individual has resided; or

(i) Trainees who have served in the United States Armed Forces, in addition to one of the types of criminal records checks listed in Subparagraphs (h)(1) through (4) of this Rule shall provide a copy of their Certificate of Discharge, DD Form 214, that shows their "Character of Service" and "Narrative Reason for Separation." Individuals showing a "Character of Service" as "Bad Conduct" or "Dishonorable" shall provide certified copies of their court-martial proceedings to include the final disposition. Trainees shall also provide documentation to show that they have requested their official military personnel file, which shall be provided upon receipt.

(j) A trainee who has been naturalized as a United States Citizen is exempt from providing the criminal record checks for locations where they resided outside of the United States prior to naturalization.

(k) A trainee who has resided outside the United States, other than those described in Paragraph (j) of this Rule, who cannot obtain a criminal record check from any location outside the United States shall document the following, to be forwarded to the Standards Division:

(1) the name of the agencies contacted,

(2) the date the agencies were contacted,

(3) the contact information for the agencies contacted, and

(4) the reason the information cannot be provided.

(l) Documents obtained in accordance with Paragraph (h) of this Rule shall meet the following requirements:

(1) any records provided shall fall within the time period beginning when the trainee obtains the age of majority and continuing through the date of application;

(2) any records provided shall include all locations where the trainee has resided since obtaining the age of majority; and

(3) any records provided shall include all legal names utilized by the trainee since obtaining the age of majority.

(m) The Commission-accredited school shall not admit any individual as a trainee in a presentation of BLET who has been convicted of the following:

(1) a felony;

(2) a crime for which the punishment could have been imprisonment for more than two years;

(3) a crime or unlawful act defined as a Class B Misdemeanor within the five year period prior to the date of scheduled graduation;

(4) a crime or unlawful act defined as a Class B Misdemeanor occurring after the date of certification;

(5) four or more crimes or unlawful acts defined as Class B Misdemeanors, regardless of the date of conviction;

(6) four or more crimes or unlawful acts defined as Class A Misdemeanors, except the trainee is not barred from enrollment if the last conviction date occurred more than two years prior to the date of scheduled graduation; or

(7) a combination of four or more Class A Misdemeanors or Class B Misdemeanors regardless of the date;

(8) an offense that pursuant to 18 USC 922(g)(8) would prohibit the possession of a firearm.

(n) Individuals charged with crimes specified in Paragraph (m) of this Rule are not barred from enrollment into BLET if such offenses were dismissed or the person was found not guilty, but completion of BLET does not ensure that certification as a law enforcement officer or justice officer through the North Carolina Criminal Justice Education and Training Standards Commission will be issued. Every individual who is admitted as a trainee in a presentation of BLET shall notify the School Director of all criminal offenses the trainee is arrested for or charged with, pleads no contest to, pleads guilty to, or is found guilty of, and of all Domestic Violence Protective Orders (G.S. 50B) that are issued by a judicial official after a hearing that provides an opportunity for both parties to be present. This includes all criminal offenses except minor traffic offenses and includes any offense of Driving Under the Influence (DUI) or Driving While Impaired (DWI). A "minor traffic offense" is defined, for the purposes of this Paragraph, as an offense where the maximum punishment allowable by law is 60 days or fewer. Other offenses under G.S. 20 (Motor Vehicles) or similar laws of other jurisdictions that shall be reported to the School Director are G.S. 20-138.1 (driving while under the influence), G.S. 20-28 (driving while license permanently revoked or permanently suspended), G.S. 20-30(5)(fictitious name or address in application for license or learner's permit), G.S. 20-37.8 (fraudulent use of a fictitious name for a special identification card), G.S. 20-102.1 (false report of theft or conversion of a motor vehicle), G.S. 20-111(5)(fictitious name or address in application for registration), G.S. 20-130.1 (unlawful use of red or blue lights), G.S. 20-137.2 (operation of vehicles resembling law enforcement vehicles), G.S. 20-141.3 (unlawful racing on streets and highways), G.S. 20-141.5 (speeding to elude arrest), and G.S. 20-166 (duty to stop in event of accident). The notifications required under this Paragraph shall be in writing and specify the nature of the offense, the court where the case was handled, the date of the arrest or criminal charge, the date of issuance of the Domestic Violence Protective Order (50B), and the final disposition and the date thereof. The notifications required under this Paragraph shall be received by the School Director within 30 days of the date the case was disposed of in court. The requirements of this Paragraph are applicable at all times during which the trainee is enrolled in a BLET. The requirements of this Paragraph are in addition to the notifications required under 12 NCAC 10B .0301 and 12 NCAC 09B .0101 (13).

(o) The Commission-accredited school shall not admit any individual as a trainee in the presentation of BLET who has an active Domestic Violence Order of Protection or Civil Non-Contact Order issued against the individual. The student must provide a signed and dated written statement from the individual certifying that no such active Orders exist related to the individual.

(p) The Commission-accredited school shall not admit any individual as a trainee in the presentation of BLET unless the individual has provided to the School Director a copy of their valid driver's license. The trainee's driver's license must remain valid throughout the entirety of the BLET course.

History Note: Authority G.S. 17C-6; 17C-10; 93B-9; Eff. January 1, 1981; Amended Eff. January 1, 2019; April 1, 2018; January 1, 2017; February 1, 2016; November 1, 2015; March 1, 2015; January 1, 2015; June 1 ,2012; February 1, 2011; June 1, 2010; December 1, 2004; July 1, 2004; August 1, 2002; August 1, 2000; January 1, 1995; March 1, 1992; July 1, 1989; January 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019; Amended Eff. October 1, 2025; January 1, 2025; July 1, 2020.

12 NCAC 09B .0210 RADAR INSTRUCTOR TRAINING COURSES

(a) The RADAR Instructor Training course shall be designed to provide the trainee with the skills and knowledge to perform the function of a criminal justice RADAR instructor. The RADAR Instructor Training course shall consist of a minimum of 60 hours of classroom instruction and motor-skill performance testing. This course shall be for a period not to exceed six consecutive weeks. If the Governor declares a State of Emergency pursuant to G.S. 166A-19.3(19), the Director of the Criminal Justice Standards Division shall allow additional breaks in a specific course delivery when the Director determines that doing so is necessary based on consideration of the following factors:

(1) Whether instruction has begun in the course or whether course initiation may be postponed;
(2) The risk of harm to students that may be caused by continuation of the course;
(3) Whether those enrolled in the course have been or will likely be called to action to help address the State of Emergency;
(4) The specific need for the waiver; and
(5) The degree of benefit to the public in allowing a break in instruction.

Notice of waivers granted pursuant to the Section shall be posted on the CJETS website https://ncdoj.gov/law-enforcement-training/criminal-justice/. The waivers granted pursuant to this Section shall only apply to courses that began, or were in effect, during the effective period of the State of Emergency.

(b) The RADAR Instructor Training course shall include the following identified topic areas and minimum instructional hours for each area:

(1)	Orientation	2 Hours
(2)	Introduction to RADAR Training	2 Hours
(3)	Speed Offenses and Speed Enforcement	4 Hours
(4)	Basic Principles of RADAR Speed Measurement	6 Hours
(5)	North Carolina Administrative Code and SMI Forms	8 Hours
(6)	Legal and Operational Considerations	8 Hours
(7)	Familiarization and Operation of Specific RADAR Instruments	16 Hours
(8)	Courtroom Preparation	4 Hours
(9)	Motor-Skill Performance Testing	8 Hours
(10)	Course Review	2 Hours

(c) Each applicant for the RADAR Instructor Training course shall:

(1) Present the endorsement of a Commission-certified school director or agency executive officer or his designee;
(2) Possess current criminal justice instructor certification as required in 12 NCAC 09B .0302; and
(3) Possess a current RADAR operator certification.

(d) The RADAR Instructor Re-Certification Training course shall consist of a minimum of 18 hours of classroom instruction and motor-skill performance testing and not exceed one week. Each RADAR Instructor Re-Certification Training course shall include the following identified topic areas and minimum instructional hours for each area:

(1) Orientation 1 Hour
(2) Speed Offenses and Speed Enforcement 1 Hour
(3) Basic Principles of RADAR Speed Measurement 1.5 Hours
(4) North Carolina Administrative Code and SMI Forms 2 Hours
(5) Legal and Operational Considerations 1.5 Hours
(6) Familiarization and Operation of Specific RADAR Instruments 3 Hours
(7) Motor-Skill Performance Testing 8 Hours

(e) Each applicant for the RADAR Instructor Re-Certification Training course shall:

(1) Possess current criminal justice instructor certification as required in 12 NCAC 09B .0302;
(2) Have been certified as a RADAR instructor within the three years preceding the completion date of the re-certification course; and
(3) Present the endorsement of a Commission-certified school director, agency executive officer, or his designee.

(f) The North Carolina Justice Academy is the only Commission-accredited school authorized to administer the RADAR Instructor and RADAR Instructor Re-Certification Training Courses.

History Note: Authority G.S. 17C-6;
Eff. November 1, 1981;
Readopted w/change Eff. July 1, 1982;
Amended Eff. January 1, 2006; April 1, 1999; November 1, 1998; August 1, 1995; July 1, 1989; February 1, 1987; August 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025.

12 NCAC 09B .0211 TIME DISTANCE INSTRUCTOR TRAINING COURSE

History Note: Authority G.S. 17C-6;
Eff. November 1, 1981;
Readopted w/change Eff. July 1, 1982;
Amended Eff. November 1, 2007; April 1, 1999; November 1, 1998; November 1, 1993; July 1, 1989; February 1, 1987; August 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. April 1, 2022;
Repealed Eff. October 1, 2025.

12 NCAC 09B .0218 RE-CERTIFICATION TRAINING FOR RADAR INSTRUCTORS

History Note: Authority G.S. 17C-6;
Eff. July 1, 1983;
Amended Eff. November 1, 2007; April 1, 1999; July 1, 1989; February 1, 1987;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Repealed Eff. October 1, 2025.

12 NCAC 09B .0219 RE-CERTIFICATION TRAINING FOR TIME-DISTANCE INSTRUCTORS

History Note: Authority G.S. 17C-6;
Eff. July 1, 1983;
Amended Eff. November 1, 2007; April 1, 1999; July 1, 1989; February 1, 1987;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Repealed Eff. October 1, 2025.

12 NCAC 09B .0224 BASIC TRAINING -- COUNTY CONFINEMENT FACILITY

History Note: Authority G.S. 17C-2; 17C-6; 17C-10;
Eff. June 1, 1986;
Amended Eff. August 1, 1998; January 1, 1992; July 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Repealed Eff: October 1, 2025.

12 NCAC 09B .0237 LIDAR INSTRUCTOR CERTIFICATION TRAINING AND RE-CERTIFICATION COURSES

(a) The LIDAR Instructor Training Course shall be designed to provide the trainee with the skills and knowledge to perform the function of a LIDAR instructor. The LIDAR Instructor Training Course shall consist of a minimum of 18 hours of classroom instruction and motor-skill performance testing. This course shall be for a period not to exceed six consecutive weeks. If the Governor declares a State of Emergency pursuant to G.S. 166A-19.3(19), the Director of the Criminal Justice Standards Division shall allow additional breaks in a specific course delivery when the Director determines that doing so is necessary based on consideration of the following factors:

(1) Whether instruction has begun in the course or whether course initiation may be postponed;
(2) The risk of harm to students that may be caused by continuation of the course;

(3) Whether those enrolled in the course have been or will likely be called to action to help address the State of Emergency;
(4) The specific need for the waiver; and
(5) The degree of benefit to the public in allowing a break in instruction.

Notice of waivers granted pursuant to the Section shall be posted on the CJETS website, located at https://ncdoj.gov/law-enforcement-training/criminal-justice/. The waivers granted pursuant to this Section shall only apply to courses that began, or were in effect, during the effective period of the State of Emergency.

(b) Each applicant for the LIDAR Instructor Training course shall:

(1) present the endorsement of a Commission-certified school director or agency executive officer or his designee;
(2) possess current criminal justice instructor certification as required in 12 NCAC 09B .0302; and
(3) possess a current LIDAR operator certification.

(c) The LIDAR Instructor Training course shall include the following identified topic areas and minimum instructional hours for each area:

(1)	Orientation	2 Hours
(2)	Introduction to LIDAR Training	½ Hour
(3)	Basic Principles of LIDAR Speed Measurement	1 Hour
(4)	Legal and Operational Considerations	1 Hour
(5)	North Carolina Administrative Code and SMI Forms	1 Hour
(6)	Familiarization and Operation of Specific LIDAR Instruments	7 Hours
(7)	Courtroom Preparation	½ Hour
(8)	Motor-Skill Performance Testing	4 Hours
(9)	Course Review	1 Hour

(d) The LIDAR Instructor Re-Certification Training course shall consist of a minimum of 4 hours of classroom instruction and motor-skill performance testing and not exceed one week. Each LIDAR Instructor Re-Certification Training course shall include the following identified topic areas and minimum instructional hours for each area:

(1)	Course Orientation	½ Hour
(2)	Legal and Operational Considerations	1 Hour
(3)	Familiarization and Operation of Specific LIDAR Instruments	1 Hour
(4)	Motor-Skill Performance Testing	1½ Hours

(e) Each applicant for the LIDAR Instructor Re-Certification Training course shall:

(1) Possess current criminal justice instructor certification as required in 12 NCAC 09B .0302;
(2) Have been certified as a LIDAR instructor within the three years preceding the completion date of the re-certification course; and
(3) Present the endorsement of a Commission-certified school director, agency executive officer, or his designee.

(f) If the trainee fails to achieve a score of 100% competence in each motor-skill performance test, he or she shall be authorized one opportunity for a re-test. Failure to score 100% on the re-test will require enrollment in a subsequent LIDAR Instructor course.

(g) Those individuals who have previously held LIDAR Instructor Certification and have not exceeded a six year time period from when his or her LIDAR Instructor Certification expired are eligible to reapply for reissuance of the previously held LIDAR Instructor Certification. An application for re-issuance shall contain documentation that the applicant:

(1) Holds current criminal justice instructor certification, pursuant to 12 NCAC 09B .0302;
(2) Has completed the pre-qualification skills assessments;
(3) Must complete the Commission-approved LIDAR Instructor Re-Certification Training course, pursuant to 12 NCAC 09B .0210;
(4) Has passed the LIDAR Instructor comprehensive state examination with a minimum score of 75; and
(5) Has obtained the recommendation of a Commission-certified school director, agency executive or his designee.

(h) Applicants for re-issuance of the LIDAR Instructor Certification shall have one opportunity to pass the prequalification skills assessment and the LIDAR Instructor comprehensive state examination. Should an applicant not achieve a passing score on either the prequalification skills assessment or the comprehensive state examination, the applicant shall complete the LIDAR Operator and LIDAR Instructor Course in its entirety.

(i) Applicants whose LIDAR Instructor Certification is suspended or revoked shall not qualify for re-issuance.

(j) The term of a LIDAR Instructor is three years from the date of issuance. All LIDAR Instructors seeking re-certification shall complete the re-certification course, as outlined in 12 NCAC 09B .0218, within 12 months of the expiration of the initial certification period. The 12-month period does not extend the instructor certification period.

(k) The North Carolina Justice Academy is the only Commission-accredited school authorized to administer the LIDAR Instructor and LIDAR Instructor Re-Certification Courses.

History Note: Authority G.S. 17C-6;
Eff. May 1, 2004;
Amended Eff. November 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025; April 1, 2022.

12 NCAC 09B .0239 RE-CERTIFICATION TRAINING FOR LIDAR INSTRUCTORS

History Note: Authority G.S. 17C-6;
Eff. May 1, 2004;

Amended Eff. November 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Repealed Eff: October 1, 2025.

12 NCAC 09B .0303 TERMS AND CONDITIONS OF GENERAL INSTRUCTOR CERTIFICATION

(a) An applicant meeting the requirements for certification as a general instructor shall be in probationary status for a period not to exceed 12 months, until satisfying the requirements of Paragraph (b) of this Rule.

(b) The probationary instructor shall be eligible for general instructor certification if the instructor submits to the Commission the following forms:

(1) a Form F-12, pursuant to 12 NCAC 09B .0301, signed by a certified School Director of In-Service Training Coordinator, indicating a favorable recommendation; and

(2) a Form F-16, Commission Instructor Evaluation Form, pursuant to 12 NCAC 09B .0202 indicating the Instructor taught a minimum of eight hours of Commission-accredited basic training, Commission-recognized in-service training course, or training course pursuant to 12 NCAC 10B .0601, 12 NCAC 10B .1302, or 12 NCAC 10B .2005, during the probationary period. The Instructor shall achieve a minimum of 64 points on all instruction evaluations submitted to the Commission.

(c) Probationary Instructors may request an extension of up to one year to teach the eight hour minimum requirement. The Director may grant the requested extension for just cause based upon the circumstances that created the need for an extension. For purposes of this Rule, "just cause" includes an accident, illness, emergency, or course cancellation that precluded the instructor from fulfilling the teaching requirement.

(d) The term of certification as a General Instructor is indefinite, provided the instructor completes during each calendar year a minimum of one hour of instructor refresher training provided by North Carolina Justice Academy. Probationary instructors and general instructors earning their initial certification are not required to complete this training in the year they are awarded their certification.

(e) If an instructor fails to meet the requirements of Paragraph (d) of this Rule, the certification period for the instructor shall cease, and the instructor shall be required to complete the requirements of Rule .0302 of this Section in order to obtain probationary instructor status.

(f) The use of guest participants in a delivery of the Basic Law Enforcement Training Course is permissible. However, such guest participants shall be supervised on-site by a Commission-certified instructor and must be authorized by the School Director. A guest participant shall only be used to complement the primary certified instructor of the block of instruction and shall not replace the primary instructor.

(g) "Commission-recognized in-service training" shall mean training meeting the following requirements:

(1) training is taught by an instructor certified by the Commission;

(2) training utilizes a lesson plan in the Instructional Systems Design format; and

(3) completion of training shall be demonstrated by a passing score on a written test as follows:

(A) a written test comprised of at least five questions per credit shall be developed by the agency or the North Carolina Justice Academy for each in-service training topic requiring testing. Written courses that are more than four credits in length are required to have a written test comprising of a minimum of 20 questions. The Firearms Training and Qualifications In-Service Course is exempt from this written test requirement;

(B) a student shall pass each test by achieving at least 70 percent correct answers; and

(C) a student who completes a topic of in-service training in a traditional classroom setting or online and fails the end of topic exam shall be given one attempt to re-test. If the student fails the exam a second time, the student shall complete the in-service training topic in a traditional classroom setting before taking the exam a third time.

(D) Topics delivered pursuant to 12 NCAC 09E .0104(1) shall not require written testing.

History Note: Authority G.S. 17C-6;
Eff. January 1, 1981;
Amended Eff. January 1, 2017; December 1, 2007; November 1, 2007; August 1, 2006; January 1, 2006; August 1, 2000; July 1, 1991; October 1, 1985; January 1, 1985; January 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025; July 1, 2020; August 1, 2019.

12 NCAC 09B .0308 RADAR INSTRUCTOR CERTIFICATION AND RE-CERTIFICATION REQUIREMENTS

A person participating in a Commission-approved RADAR Operator or RADAR Instructor Training Course as an Instructor shall meet the following requirements for RADAR Instructor Certification:

(1) Initial Certification:

(A) must be employed or appointed as a law enforcement officer by a state or local law enforcement agency or be a federal law enforcement officer;

(B) if the applicant is a deputy sheriff, he/she must be in total compliance with the standards established by the

North Carolina Sheriff's Education and Training Standards Commission;

(C) must hold Probationary or General Instructor Certification as required in 12 NCAC 09B .0302;

(D) must hold current RADAR Operator Certification pursuant to 12 NCAC 09C .0308;

(E) must complete the Commission-approved RADAR Instructor Training Course as required in 12 NCAC 09B .0210;

(F) obtain the recommendation of a Commission-certified school director or agency executive officer or their designee; and

(G) shall not instruct in any RADAR Instructor/Operator or RADAR Instructor/Operator Re-certification Courses until their Certification is received from the Commission.

(2) Re-certification:

(A) must hold current Probationary or General Instructor Certification as required in 12 NCAC 09B .0302;

(B) must hold current Radar Operator Certification, pursuant to 12 NCAC 09C .0308;

(C) must complete the Commission-approved RADAR Instructor Re-Certification Training Course, pursuant to 12 NCAC 09B .0210;

(D) must have been certified as a RADAR Instructor within the three years preceding the completion of the RADAR Instructor Re-Certification Course;

(E) has participated in the classroom instruction and motor skill performance testing in the RADAR Operator Training Course, pursuant to 12 NCAC 09B .0212, during the previous certification period; and

(F) obtain the recommendation of a Commission-certified school director, agency executive officer, or their designee.

(b) Those individuals who have previously held RADAR Instructor Certification and have not exceeded a six year time period from when his or her RADAR Instructor Certification expired are eligible to reapply for reissuance of the previously held RADAR Instructor Certification. An application for re-issuance shall contain documentation that the applicant:

(1) holds current Probationary or General Instructor Certification, pursuant to 12 NCAC 09B .0302;

(2) has completed the pre-qualification skills assessments;

(3) must complete the Commission-approved RADAR Instructor Re-Certification Training Course, pursuant to 12 NCAC 09B .0210;

(4) has passed the RADAR Instructor comprehensive state examination with a minimum score of 75; and

(5) has obtained the recommendation of a Commission-certified school director, agency executive or their designee.

(c) Applicants for re-issuance of the RADAR Instructor Certification shall have one opportunity to pass the prequalification skills assessment and the RADAR Instructor Comprehensive State Examination. Should an applicant not achieve a passing score on either the prequalification skills assessment or RADAR Instructor Comprehensive State Examination, the applicant shall complete the RADAR Operator and RADAR Instructor Course in its entirety.

(d) Applicants whose RADAR Instructor Certification is suspended or revoked shall not qualify for re-issuance.

(e) The term of a RADAR Instructor is three years from the date of issuance. All RADAR Instructors seeking re-certification shall complete the RADAR Instructor Re-certification Course, as outlined in 12 NCAC 09B .0218, within 12 months of the expiration of the initial certification period. The 12-month period does not extend the RADAR Instructor Certification period.

Note: If Time Distance speed measuring instruments are reinstated for use at any point between years 2026 and 2036, individuals who currently hold a RADAR Instructor Certification and have previously held a Time/Distance Instructor Certification will be grandfathered and eligible to reinstate their Time/Distance Instructor Certification.

History Note: Authority G.S. 17C-6;
Eff. November 1, 1981;
Readopted Eff. July 1, 1982;
Amended Eff. January 1, 2006; April 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025.

12 NCAC 09B .0309 TIME-DISTANCE INSTRUCTORS

History Note: Authority G.S. 17C-6;
Eff. November 1, 1981;
Readopted Eff. July 1, 1982;
Amended Eff. April 1, 1999; November 1, 1993; December 1, 1987;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019.
Repealed Eff. October 1, 2025.

12 NCAC 09B .0310 TERMS AND CONDITIONS -- SMI INSTRUCTORS

History Note: Authority G.S. 17C-6;
Eff. November 1, 1981;
Readopted Eff. July 1, 1982;

Amended Eff. November 1, 2007; April 1, 1999; November 1, 1993; February 1, 1991; July 1, 1989; December 1, 1987;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Emergency Amendment Eff. May 5, 2020;
Emergency Amendment Expired Eff. July 31, 2020;
Repealed Eff: October 1, 2025.

12 NCAC 09B .0401 TIME REQUIREMENT FOR COMPLETION OF TRAINING

History Note: Authority G.S. 17C-2; 17C-6; 17C-10; Eff. January 1, 1981;
Amended Eff. October 1, 2016; August 1, 2015; January 1, 2015; January 1, 1995; March 1,
1992; July 1, 1989; June 1, 1986;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Repealed Eff. October 1, 2025.

12 NCAC 09B .0402 WAIVER OF COMPLETION OF TRAINING

History Note: Authority G.S. 17C-6; 17C-10;
Eff. January 1, 1981;
Amended Eff. March 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Repealed Eff. October 1, 2025.

12 NCAC 09B .0416 SATISFACTION OF MINIMUM TRAINING - SMI INSTRUCTOR

History Note: Authority G.S. 17C-6; 17C-10;
Eff. February 1, 1987;
Amended Eff. January 1, 2015; November 1, 2007; April 1, 1999;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Repealed Eff: October 1, 2025.

12 NCAC 09C .0104 AGENCY HEAD RESPONSIBILITIES: CRITICAL INCIDENT REPORTING

(a) For all criminal justice agencies in the State that employ personnel certified by the North Criminal Justice Education and Training Standards Commission, the agency head shall submit the Critical Incident Report, (F-27), to the Criminal Justice Standards Division no later than 30 days after making the determination that an incident involving any use of force by a law enforcement officer that resulted in death or serious bodily injury to a person has occurred. The Critical Incident Report (F-27) shall contain the following:

(1) date of incident;
(2) location of incident;
(3) name of officer who utilized force; and
(4) whether the incident involved serious bodily injury or death.

(b) In addition to the reporting in Paragraph (a) of this Rule, the agency head for any criminal justice agency in the State that employs personnel certified by the North Criminal Justice Education and Training Standards Commission, shall submit the Annual Critical Incident Report, (F-27A), to the Criminal Justice Standards Division no later than the following January 15th of each year, listing all incidents involving any use of force by a law enforcement officer that results in death or serious bodily injury to a person. The Annual Critical Incident Report (F-27A) shall contain the following:

(1) the total number of incidents involving the use of force resulting in death or serious bodily injury;
(2) date of incidents;
(3) location of incidents; and
(4) whether the incidents had previously been reported on the Critical Incident Report (F-27).
(5) for incidents not previously reported, an accompanying F-27 must be submitted along with the F-27A.

(c) The Critical Incident Form (F-27) shall provide the following notice to officers:

(1) information is being collected for a database as directed by G.S.17C-15;
(2) information collected will remain confidential in compliance with State and federal law;
(3) law enforcement officers reported to the Division have a right, prior to being placed in the database, to request a hearing in superior court for a determination of whether the officer's involvement should be properly placed in the database;

(d) The Critical Incident Form (F-27) will provide check boxes and a location to sign for officers to indicate they understand their rights and are either waiving their rights and agreeing to have the information entered into the database or they plan to dispute the entry of their information in the database. If the officer indicates they plan to request a hearing in superior court, the Division will not place the officer's involvement in the database until the superior court makes a determination or until 30 days following the date of the officer's signature has elapsed and the Division has not received proof of submission for filing to request a hearing in superior court. Any forms already entered into the database will be removed if a subsequent review by the superior court determines that the officer's involvement was not properly placed in the database.

History Note: Authority G.S. 17-6; 17C-15;
Eff. January 1, 2025;
Amended Eff: October 1, 2025.

12 NCAC 09E .0103 STATE OR LOCAL LAW ENFORCEMENT AGENCY HEAD RESPONSIBILITIES: ANNUAL IN-SERVICE TRAINING

The State or local law enforcement agency head, for any agency employing individuals certified as law enforcement officers, shall ensure that the annual in-service training is conducted according to specifications pursuant to 12 NCAC 09E .0111. In addition, the State or local law enforcement agency head or designated representative shall:

(1) ensure all annual in-service training topics are delivered either in person or through the North Carolina Justice Training and Certification portal, or by a North Carolina community college;

(2) review departmental policies regarding the use of force during the agency's annual in-service training program; and

(3) report to the Criminal Justice Standards Division once each calendar year a roster of all law enforcement officers who fail to successfully complete the annual in-service training pursuant to 12 NCAC 09E .0111, and shall certify that all law enforcement officers in the agency not listed did successfully complete the training. This roster shall reflect the annual in-service status of all law enforcement officers employed by the agency as of December 31 of each calendar year and shall be received by the Criminal Justice Standards Division no later than the following January 15th. Officers having completed Basic Law Enforcement Training as a full-time student or lateral transfer and passed the comprehensive state final examination in this same calendar year must complete the annual in-service training for the year if they were sworn in between January 1st and June 30th of that year. Officers sworn in between July 1st and December 31st must complete the annual in-service training by June 30th of the following year, and

(4) maintain in each officer's file documentation that the officer has completed the annual in-service training requirement; and

(5) where the officer fails to successfully qualify with any of the weapons specified in Rule 09E .0106(a) and (b) of this Section, prohibit access to such weapon(s) until such time as the officer obtains qualification; and

(6) where the officer fails to successfully qualify with any of the weapons specified in Rule 09E .0106(d) of this Section, prohibit the possession of such weapon(s) while on duty or when acting in the discharge of that agency's official duties, and shall deny the officer authorization to carry such weapon(s) concealed when off-duty, except when the officer is on his own premises; and

(7) where an officer has access to any specialized or tactical weapon(s) not specifically covered in Rule .0106(a) and (b) of this Section, prohibit the officer's use of the weapon(s) while engaged in the officer's official capacity unless the agency head determines the officer is competent to use the weapon in a lawful and prudent manner based upon the officer's experience, training, education, and disciplinary record.

History Note: Authority G.S. 17C-6; 17C-10;
Eff. July 1, 1989;
Amended Eff. January 1, 2005; January 1, 1995;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025; March 1, 2024.

12 NCAC 09E .0111 COMPLETION OF ANNUAL IN-SERVICE TRAINING

(a) Law enforcement officers certified by the North Carolina Criminal Justice Education and Training Standards Commission shall complete annual in-service training as outlined in 12 NCAC 09E .0108.

(b) Failure to complete all topics required for the annual in-service training shall result in the law enforcement officer's certification being summarily suspended, pursuant to 12 NCAC 09E .0108.

(c) All annual in-service training topics shall be taken in-person or through the North Carolina Justice Training and Certification portal, or by a North Carolina community college.

(d) All annual in-service training involving motor skills assessment and/or qualification shall be conducted in person using certified Specialized Instructors, pursuant to 12 NCAC 09B .0304.

History Note: Authority G.S. 17C-6; 17C-10;
Adoption Eff. October 1, 2025.

12 NCAC 09G .0305 RECERTIFICATION FOLLOWING SEPARATION

(a) Previously certified corrections officers, with a minimum of one year of service who have been separated from the North Carolina Department of Adult Correction for less than three years, may have their certification reinstated following a reverification of employment standards in 12 NCAC 09G .0208 (excluding 12 NCAC 09G .0208(4)) and 12 NCAC 09G .0209 (excluding 12 NCAC 09G .0209(4)), but are exempt from the job appropriate basic training course described in 12 NCAC 09G .0411.

(b) Previously certified corrections officers who have been separated from the North Carolina Department of Adult Correction for more than three years, but less than five years, upon their return shall complete the verification of employment standards and shall complete the following:

(1) the appropriate abbreviated course of instruction focused on current standards of the North Carolina Department of Adult Correction (NCDAC), delivered by the NCDAC Office of Staff Development and Training; and

(2) the mandatory firearms classroom training and achieves a passing qualification score on the firearms range qualification with the agency duty weapon(s).

(c) Applicants pursuant to Paragraph (b) will be allowed to remediate one failure under each Subparagraph (b)(1) and (b)(2) of this Rule, but, upon a second failure, will be required to complete the entire commission approved basic training for correctional or probation/parole officers before being eligible for certification.

History Note: Authority G.S. 17C-2; 17C-6; 17C-10;
Temporary Adoption Eff. January 1, 2001;
Eff. August 1, 2002;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1,2025; May 1, 2023.

12 NCAC 09G .0410 LATERAL TRANSFERS

(a) A Corrections Officer holding prior certification from another state, federal, or military Department of Correction, or equivalent, is eligible to transfer certification from one state, federal, or military Department of Correction or equivalent to the North Carolina Department of Adult Correction (NCDAC) and be certified by the Commission if the officer:

(1) has a minimum of two years full-time service as a state, federal, or military correctional officer or probation/parole officer;
(2) has less than a one-year break in service from their most recent certified role;
(3) provides documentary evidence of the completion of training that has been approved by the appropriate state, federal, or military entity charged with regulating correctional or probation/parole officers in the jurisdiction in which the training was received;
(4) has completed the appropriate abbreviated course of instruction focused on current standards of the NCDAC, delivered by the NCDAC Office of Staff Development and Training;
(5) has completed the mandatory firearms classroom training and achieves a passing qualification score on the firearms range qualification with the agency duty weapon(s); and
(6) has achieved a passing score on the Commission-approved basic training course for correctional officers or probation/parole officers, whichever is applicable.

(b) Applicants pursuant to subsection (a) will be allowed to remediate one failure under each Subparagraphs (a)(5) and (a)(6) of this Rule, but, upon a second failure of either, will be required to complete the entire commission accredited basic training for correctional or probation/parole officers before being eligible for certification.

(c) A North Carolina justice officer, as defined in 12 NCAC 10B .0301, is eligible to transfer certification from one state or local law enforcement agency to NCDAC and be certified as a correctional officer by the Commission if the officer:

(1) has a minimum of two years full-time service as a justice officer as defined in 12 NCAC 10B .0301;
(2) has less than a one-year break in service from their most recent certified role;
(3) provides documentary evidence of the completion of the Detention Officer Certification Course pursuant to 12 NCAC 10B .0605, and holds a general certification or probationary certification from the Sheriffs' Education and Training and Standards Commission;
(4) has completed an abbreviated course of instruction focused on current standards of NCDAC, delivered by the NCDAC Office of Staff Development and Training;
(5) has completed the mandatory firearms classroom training and achieves a passing qualification score on the firearms range qualification with the agency duty weapon(s); and
(6) has achieved a passing score on the Commission-approved basic training course for correctional officers.

(d) Applicants pursuant to Paragraph (c) will be allowed to remediate one failure under each Subparagraphs (c)(4) and (c)(5) of this Rule, but, upon a second failure of either, will be required to complete the entire commission accredited basic training for correctional or probation/parole officers before being eligible for certification.

(e) Prior to certification, NCDAC must submit to the Division evidence of compliance with the requirements of 12 NCAC 09G .0208 for any applicants pursuant to this Section.

History Note: Authority G.S. 17C-6; 17C-10;
Temporary Adoption Eff. January 1, 2001;
Eff. August 1, 2002;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff: October 1, 2025.

12 NCAC 09H .0102 MINIMUM TRAINING SPECIFICATIONS

(a) Firearms Training and Qualification shall consist of a minimum of four hours and include the requirements of Paragraphs (c) and (d) of this Rule.

(b) Pursuant to 12 NCAC 09E .0106(a), each qualified retired law enforcement officer shall qualify with each handgun he or she carries.

(c) Each qualified retired law enforcement officer shall receive a minimum of two hours of instruction on the North Carolina laws of self-defense, the use of force by private citizens, detention of persons by private persons, and assistance to law enforcement officers by private citizens.

(d) Instruction shall include a review of firearms safety and basic marksmanship fundamentals.

(e) The qualification requirements shall be achieved at least once in a single day in no more than three attempts per day for each course of fire and for each weapon for which qualification is required. Officers not qualifying in a single day for each course of fire shall be deemed as a failure and the retired qualified law enforcement officers shall not be allowed to carry that weapon until such time as the qualification requirements have been met.

(f) Qualified retired law enforcement officers shall be certified for a period of 12 months from the date the application is approved by the Commission. Upon application for renewal, the certification shall be renewed by the Commission for 12-month periods provided the qualified retired law enforcement officer meets the rules specified in this Subchapter.

History Note: Authority G.S. 14-415.10; 14-415.25; 14.415.26; 17C-6;
Eff. May 1, 2009;
Amended Eff. April 1, 2017;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025; July 1, 2020.

12 NCAC 09H .0103 INSTRUCTORS

(a) Only instructors who hold Specialized Instructor Certification in Law Enforcement Firearms issued by the Criminal Justice Education and Training Standards Commission as outlined in 12 NCAC 09B .0304(a) shall conduct the firearms qualification training as specified in Rule .0102 of this Subchapter.

(b) Each instructor specified in Paragraph (a) of this Rule shall record and retain the firearms qualification scores for each qualified retired law enforcement officer trained by the instructor for a period of five years. The scores shall not be transmitted to the Criminal Justice Standards Division unless requested but must be available for inspection by Criminal Justice Standards Division representatives. If the instructor is conducting training on behalf of a North Carolina governmental law enforcement agency, the North Carolina Justice Academy, or a North Carolina community college, the institution shall maintain the records in lieu of the instructor in order to comply with this Rule.

(c) Upon successful qualification, the instructor shall sign and date the Retired Law Enforcement Officers Firearms Qualification Certification Application Form (F-9R) attesting to the successful qualification. The Retired Law Enforcement Officer Firearms Qualification Application (F-9R) shall contain the following:

(1) type of application;
(2) applicant's name, address, phone number, email address, and date of birth;
(3) Applicant Attestation regarding qualification for certification;
(4) date and location of the applicant's successful completion of the firearms qualification;
(5) instructor's name and Acadis number;
(6) the make, model, and serial number of the weapon and the day and night score achieved for each weapon qualified with; and
(7) signature of the applicant.

History Note: Authority G.S. 17C-6; 14-415.10; 14-415.25; 14-415.26;
Eff. April 1, 2009;
Amended Eff. December 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025.

12 NCAC 09H .0104 SANCTIONS

(a) The Commission shall deny or revoke an applicant's, or the qualified retired law enforcement officer's, firearms qualification certification when the Commission finds the applicant or retired officer has willfully and intentionally falsified any application or documentation required for qualification certification. Any applicant or qualified retired law enforcement officer denied or revoked may request an administrative hearing with the Commission subsequent to the summary denial or revocation in accordance with Chapter 150B, Article 3A, of the N.C.G.S.

(b) The Commission shall deny or suspend the applicant or retired law enforcement officer's firearms qualification certification when the Commission finds the applicant or retired officer:

(1) has failed to successfully complete the required training or qualification specified in Rule 09H .0102; or
(2) is ineligible to receive and possess firearms under federal or state law.

(c) Before taking action, the Standards Division shall investigate the alleged violation of Paragraph (b) of this Rule and present a report of its findings to the Probable Cause Committee of the Commission.

(d) The Probable Cause Committee shall:

(1) direct the Standards Division to conduct a further investigation of the alleged violation; or
(2) determine the appropriate sanctions against the violator pursuant to Paragraphs (f) and (g) of this Rule.

(e) Denials or revocations in accordance with Paragraph (a) of this Rule are permanent. The retired officer is ineligible to ever receive firearms qualification certification from the Commission.

(f) Denials or suspensions in accordance with Paragraph (b) of this Rule are in effect until the applicant or retired law enforcement officer:

(1) has successfully completed the required training or qualification specified in Rule .0102 of this Subchapter; or
(2) is eligible to receive or possess firearms under federal or state law.

(g) Any applicant or qualified retired law enforcement officer who receives firearms qualification certification under the rules in this Section, who becomes ineligible under any of the standards enumerated in this Rule, shall notify the Criminal Justice Standards Division of such disqualification within 5 calendar days of the occurrence of the event.

History Note: Authority G.S. 17C-6; 14-415.10; 14-415.25; 14-415.26;
Eff. April 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019.
Amended Eff. October 1, 2025.

12 NCAC 09H .0105 FILING AND FEES

Each applicant for firearms qualification certification under the Qualified Retired Law Enforcement Officers Firearms Qualification Certification Program shall submit the following to the Commission:

(1) a Commission application form (Form F-9R) pursuant to 12 NCAC 09H .0102.
(2) a copy of the qualified retired officer's photographic identification indicating retirement status issued by the law enforcement agency from which the applicant retired; and
(3) a fee of fifty dollars ($50.00) for the initial one-year qualification and a fee of twenty-five

dollars ($25.00) for the annual renewal thereafter. Applications and fees shall be submitted via the Acadis portal utilizing the RLEO Initial and RLEO Renewal Webforms. The Acadis portal is located at https://ncja-portal.acadisonline.com/acadisviewer/login.aspx.

History Note: Authority G.S. 14-415.10; 14-415.25; 14-415.26; 17C-6;
Eff. April 1, 2009;
Amended Eff. April 1, 2017;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;
Amended Eff. October 1, 2025.

TITLE 14B - DEPARTMENT OF PUBLIC SAFETY

14B NCAC 10 .0605 AMATEURS - KICKBOXING

(a) In addition to compliance with 14B NCAC 10 .0201, .0301, .0402, .0502, and .0601 through .0604, the following requirements shall apply to amateur kickboxing matches.

(1) Any contestant competing as an amateur shall not currently be, or have ever been, a professional fighter in any striking sport, including mixed martial arts, boxing, and karate. "Strikes" is defined in Rule .0102 of this Chapter.
(2) Contestants shall wear footpads and shinguards that comply with the requirements of Rule .0602 of this Chapter.
(3) Contestants shall wear 10-ounce competition headgear with no jar bar or excessive ear padding. Training headgear is not allowed.
(4) Foot wrappings: For each foot, contestants shall use gauze bandage not more than two inches wide, held in place by surgical adhesive tape, not more than one and a half inches wide. Foot wrappings shall not exceed four windings of gauze bandages around the sole and instep and no more than four windings around the ankle.
(5) Kicks below the waist are not permitted.

(b) Matches shall be three, two-minute rounds, with a one-minute rest period between rounds that includes a 10- second warning signal.
(c) Kick counters shall be in neutral corners only. Each contestant shall score at least six hard kicks per round.
(d) The promoter of record must provide to the Division the name, address, date of birth, and social security number of every amateur contestant scheduled to compete in an event. This information shall be submitted no later than seven calendar days prior to the event. The duties and requirements of the promoter of record are in Rules .0402 and .0404 of this Chapter.
(e) A contestant shall have competed in a minimum of five recorded amateur matches prior to being submitted to compete as a professional kickboxing contestant.
(f) Contestants under 18 years of age may compete only in matches supervised by an Amateur Sport Organization that has been recognized by the Division. To obtain recognition, any Amateur Sports Organization shall establish and enact rules for the implementation of health and safety standards and all requirements related to the conduct of matches that are at least as restrictive as the applicable standards and requirements of the Division. Events open to the public where admission is charged for viewing must be conducted by a promoter licensed in accordance with the provisions of Rule .0402 of this Chapter.

History Note: Authority G.S. 143-652.1;
Eff. March 1, 2008;
Transferred from 14A NCAC 12. 0605 Eff. June 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. October 1, 2025.

14B NCAC 10 .0810 AMATEUR-MIXED MARTIAL ARTS

(a) In addition to compliance with Rules .0201, .0301, .0402, and .0801 through .0809 of this Chapter, the following requirements apply to amateur mixed martial arts matches:

(1) Any contestant competing as an amateur shall not currently be or have ever been, a professional fighter in any striking sport, including mixed martial arts, boxing, and karate. "Strikes" is defined in Rule .0102 of this Chapter.
(2) Grappling shin guards are optional;
(3) Elbow strikes to the head shall not be allowed;
(4) Striking with the point of the elbow shall not be allowed;
(5) Knees to the head at anytime shall not be allowed;
(6) Kicks of any type to the head shall not be allowed; and
(7) A contestant shall only strike to the head with his or her fist.

(b) The promoter of record shall comply with the provisions of Rules .0402 and .0404 of this Chapter. Provide to the Division the name, address, date of birth, and social security number of every amateur contestant scheduled to compete in an event. This information shall be submitted no later than seven calendar days prior to the event.
(c) A contestant shall have a minimum of five recorded amateur matches prior to being submitted to compete as a professional mixed martial arts contestant. This five-match requirement shall be waived by the Division representative if the contestant has previously competed in at least five professional boxing or kickboxing matches, or any combination thereof.
(d) Contestants under 18 years of age shall compete only in matches supervised and regulated by an Amateur Sports Organization that has been recognized by the Division. To obtain recognition, any Amateur Sports Organization shall establish and provide rules for the implementation of health and safety standards and all requirements related to the conduct of matches that are at least as restrictive as the applicable standards and requirements of the Division. Events open to the public where admission is charged for viewing shall be conducted by a

promoter licensed in accordance with the provisions of Rule .0402 of this Chapter.

History Note: Authority G.S. 143-652.1;
Eff. March 1, 2008;
Transferred from 14A NCAC 12 .0810 Eff. June 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. October 1, 2025.

TITLE 24 - INDEPENDENT AGENCIES

24 NCAC 03 .0101 DEFINITIONS

As used herein:

(1) "Act" means the Occupational Safety and Health Act of North Carolina, Article 16, Chapter 95 of the General Statutes.
(2) "Affected employee" means an employee of a cited employer who is exposed to or has access to the alleged hazard described in the citation.
(3) "Hearing Examiner" is synonymous with the "Administrative Law Judge" and means a person appointed by the Chairman of the North Carolina Occupational Safety and Health Review Commission pursuant to G.S. 95-135(c).
(4) "Authorized employee representative" means a labor organization whether local or international which has a collective bargaining relationship with the cited employer and which represents affected employees. Such an organization may appear through an authorized representative. Affected employees may appear pro se (unrepresented by counsel), through an attorney at law, or through an authorized employee representative. See Rules .0202 and .0203 of this Chapter.
(5) "Authorized representative" includes an authorized employee representative; a bona fide full-time officer or employee of a party or intervenor which is an association, partnership, corporation, or other business entity; and, for a cited employer, includes its attorney at law of record but excludes private safety consultants.
(6) "Citation" means a written communication issued by the Commissioner of Labor to an employer pursuant to G.S. 95-137.
(7) "Notification of proposed penalty" means a written communication issued by the Commissioner of Labor to an employer pursuant to G.S. 95-137.
(8) "Day" means a calendar day.
(9) "Working day" means all days except Saturdays, Sundays, and days which North Carolina observes as holidays, which may differ from Federal holidays.
(10) "Proceeding" means any proceeding before the North Carolina Occupational Safety and Health Review Commission or Hearing Examiner.
(11) "Respondent" means an employer who has been issued a citation.
(12) "Complainant" means the Commissioner of Labor of North Carolina.
(13) "Pleadings" are complaints and answers filed under Rule .0304 of this Chapter, petitions for modification of abatement and objecting parties' responses filed under Rule .0305 of this Chapter, and statements of reasons and contestants' responses filed under Rule .0306 of this Chapter. A "motion" is not a pleading within the meaning of these Rules.
(14) "E-File System" means to file documents with the Occupational Safety and Health Review Commission by email to the Review Commission's filing email address: NCOSHRC@oshrc.labor.nc.gov.
(15) Unless otherwise specified, definitions set forth in G.S. 95-127 are hereby adopted.

History Note: Authority G.S. 95-135;
Temporary Rule Eff. October 2, 1991 For a Period of 180 Days to Expire on March 30, 1992;
Eff. February 3, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014;
Amendment Eff. October 1, 2025.

24 NCAC 03 .0105 EXTENSIONS OF TIME

Requests for extensions of time for the filing of any pleading or documents must be received in the Review Commission office in advance of the date on which the pleading or document is due to be filed. Such requests may be oral or in writing. Oral requests shall be followed by a letter or email addressed to the Office of the Review Commission, setting out the substance of the request. In exigent circumstances an extension of time may be granted even though the request was filed after the designated time for filing has expired. In such circumstances, the party requesting the extension must show, in writing, the reasons for the party's failure to make the request before the time prescribed for the filing had expired. The motion may be acted upon before the time for response has expired.

History Note: Authority G.S. 95-135;
Temporary Rule Eff. October 2, 1991 For a Period of 180 Days to Expire on March 30, 1992;
Eff. February 3, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014;
Amendment Eff. October 1, 2025.

24 NCAC 03 .0106 RECORD ADDRESS

(a) The initial pleading filed by any person shall contain that person's name, physical address and mailing address, email address, and telephone number. Any change in such information must be communicated promptly in writing to the Review

Commission, and to all other parties and intervenors. A party or intervenor who fails to furnish such information shall be deemed to have waived his right to notice and service under these Rules.
(b) Representatives, parties, and intervenors who file case documents electronically in the Commission's E-File System pursuant to Rule .0108 of this Section, are responsible for both maintaining a valid email address associated with the registered account and regularly monitoring that email address.

History Note: Authority G.S. 95-135;
Temporary Rule Eff. October 2, 1991 For a Period of 180 Days to Expire on March 30, 1992;
Eff. February 3, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014;
Amendment Eff. October 1, 2025.

24 NCAC 03 .0107 SERVICE AND NOTICE
(a) At the time of filing pleadings or other documents, a copy thereof shall be served by the filing party or intervenor on every other party or intervenor by postage prepaid first-class or by personal delivery. For electronically-filed documents filed via the Review Commission's E-file System, service shall be deemed accomplished by the simultaneous service of the document by email on all other parties and intervenors in the case, together with proof of service pursuant to Paragraph (d) of this Section. If affected employees are represented by an authorized employee representative, the Complainant and the Respondent shall serve a copy of the Statement of Employer's/Respondent's Position, and, where applicable under Rule .0304 of this Chapter, copies of the complaint and answer in this case on the authorized employee representative in accordance with Paragraph (c) of this Rule. Both the Complainant and the Respondent shall also serve on any authorized employee representative notice of any request for or proposed modification of abatement. In cases in which employees are represented by an authorized employee representative, the Complainant and Respondent shall notify the Review Commission of this fact within 10 days after filing of their Statement of Employer's/Respondent's Position, and in such cases, the Review Commission shall serve on the authorized employee representative notice of hearings and copies of any final order of the Review Commission or Hearing Examiners in the manner prescribed by Paragraph (c) of this Rule.
(b) Service upon a party or intervenor who has appeared through an authorized representative or attorney need be made only upon such authorized representative or attorney.
(c) Unless otherwise ordered, service may be accomplished by postage prepaid first-class mail, by personal delivery, or by e-mail if agreed to by all parties. Service is deemed effected at the time of mailing (if by mail) or at the time of personal delivery (if by personal delivery), or at the time the e-mail was sent (if by e-mail).
(d) Proof of service shall be accomplished by a written statement attached to the document served which sets forth the date and manner of service. Such certificate of service shall be filed with the pleading, document, or recording.
(e) Service to employees shall be accomplished by posting in at least one location where all affected employees have an opportunity to read the notice or pleading. Proof of posting shall be filed not later than the first working day following the posting.
(f) The Employer Respondent must post notice of contest, notice of hearing, notice of settlement, and any order or decision of a Hearing Examiner or of the Review Commission other than a procedural order. The Employer Respondent must also post the notice informing affected employees of their right to elect party status in any proceedings pursuant to Rule .0201 of this Chapter and of their right to contest the provisions of the abatement period.
(g) The notice to affected employees in the following form shall be required to be posted to comply with the requirements pursuant to Paragraph (f) of this Rule and shall be as follows:
TO THE EMPLOYEES OF:
Your employer has been charged with a violation of the Occupational Safety and Health Act of North Carolina and is contesting this alleged violation before the Safety and Health Review Commission, an independent agency. If you want to have a say in this matter, you must write to:

North Carolina Occupational
Safety and Health Review Commission
1101 Mail Service Center
Raleigh, North Carolina 27699
NCOSHRC@oshrc.labor.nc.gov.

As an affected employee, you have a right to participate in this matter as a party. To participate as a party, you must request party status.

Write to:

North Carolina Occupational
Safety and Health Review Commission
1101 Mail Service Center
Raleigh, North Carolina 27699
NCOSHRC@oshrc.labor.nc.gov.

(h) The notice of settlement and notice for modification of abatement must be posted.
(1) Settlement. In any case where a settlement is proposed, a hearing shall be held on request of any party, intervenor, employee, or authorized employee representative. The employer must post a notice indicating that a settlement is proposed and that the settlement may be approved by a Hearing Examiner without a hearing, unless objection is received from any party, intervenor, employee, or authorized employee representative within 15 working days of the date of the posting of the notice of proposed settlement. Such notice of proposed settlement shall be posted promptly after the parties agree on the proposed settlement, and in no case later than five days after the agreement on the proposed settlement. The notice must inform employees that they have a right to object to the reasonableness of any abatement time and that to protect such rights they must write to the North Carolina Occupational Safety and Health Review Commission, 1101 Mail Service Center, Raleigh, North Carolina, 27699, NCOSHRC@oshrc.labor.nc.gov, stating the grounds for their objection and their desire to participate.
(2) Modification of Abatement. In any case where a petition for modification of abatement is filed,

the employer must post a notice in a conspicuous place of this fact, together with a notice that employees or authorized employee representatives have a right to object to the proposed modification of abatement. The notice must inform affected employees that they have a right to appear to object to the proposed modification of abatement; and that to protect such a right they must file notice of their objection within 15 working days from the date of posting of such petition for modification of abatement and documents pertaining to the case may be inspected at the Review Commission office. Such notice must be filed with the North Carolina Occupational Safety and Health Review Commission, 1101 Mail Service Center, Raleigh, North Carolina, 27699, NCOSHRC@oshrc.labor.nc.gov.

(i) Where an employee or employee representative files notice of objection to an abatement period, the notice must be served on the Complainant, the Commissioner of Labor of North Carolina, and on the employer in the manner described in Paragraph (c) of this Rule. The employer shall then post the notice.

(j) Where posting is required by this Rule, such posting shall be maintained until the commencement of a hearing or until earlier disposition unless otherwise provided in these Rules.

History Note: Authority G.S. 95-135;
Temporary Rule Eff. October 2, 1991 For a Period of 180 Days to Expire on March 30, 1992;
Eff. February 3, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014;
Amended Eff. October 1, 2025.

24 NCAC 03 .0303 CITATION

(a) The Commissioner of Labor shall serve on the Respondent a citation stating each standard, regulation, or section of the Act allegedly violated, a description of the alleged violation, and the date by which the violation must be corrected.

(b) A recipient of the citation shall have 15 working days from receipt of such citation to file his notice of contest with the Commissioner of Labor. Failure to file a notice of contest within a specified time shall be deemed waiver of Respondent's right to contest the citation.

(c) The Commissioner of Labor shall, within 10 working days of receipt of a notice of contest, transmit the original to the Review Commission, together with copies of the citation and proposed penalty. The notice of contest shall include the employer's name, physical address and mailing address, email address, and telephone number.

(d) After the notice of contest is filed, the Review Commission shall send the employer a form entitled Statement of Employer's/Respondent's Position. The Statement of Employer's/Respondent's Position must include information sufficient to:

(1) notify the employer and other interested persons that the North Carolina Department of Labor has issued a citation alleging that the employer violated a particular standard(s), including the date of the alleged violation(s);

(2) determine whether the employer admits or denies each of the charges or admits the violation but contests the amount of the proposed penalty for that violation; and

(3) advise the employer of the consequences of failing to complete and return the form, using a statement such as:

IF YOU DO NOT RESPOND IN WRITING WITH EITHER THIS FORM OR YOUR OWN STATEMENT OF POSITION BY PROVIDING IT TO THE REVIEW COMMISSION, POSTMARKED OR DELIVERED OR EMAILED, WITHIN 20 DAYS FROM THE DAY YOU RECEIVED THIS FORM, YOUR RIGHT TO CONTEST THE NORTH CAROLINA DEPARTMENT OF LABOR'S ALLEGATIONS IS LOST.

The employer must complete the form in accordance with its instructions and return it to:

North Carolina Occupational Safety and Health Review Commission
1101 Mail Service Center
Raleigh, North Carolina 27699-1101; or
NCOSHRC@oshrc.labor.nc.gov (if by email)

A copy shall also be mailed to:

N.C. Department of Justice
Labor Section
P.O. Box 629
Raleigh, North Carolina 27602.

(e) Any notice of contest shall be deemed to adequately raise any issue as to the alleged violation or proposed penalty but the employer will be limited to the specifics set out in the Statement of Employer's/Respondent's Position.

(f) In the Statement of Employer's/Respondent's Position the employer must request formal pleadings under Rule .0303 of this Section if desired. If the Respondent desires formal pleadings, the Complainant must file a complaint within 20 days of receipt of the Statement of Employer's/Respondent's Position.

(g) The form for Statement of Employer's/Respondent's Position shall be provided to the employer with the Notice of Docketing.

History Note: Authority G.S. 95-135;
Temporary Rule Eff. October 2, 1991 For a Period of 180 Days to Expire on March 30, 1992;
Eff. February 3, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014;
Amendment Eff. October 1, 2024.

This Section contains information for the meeting of the Rules Review Commission September 25, 2025 at 1711 New Hope Church Road, RRC Commission Room, Raleigh, NC. Anyone wishing to submit written comments on any proposed permanent rule before the Commission should submit those comments pursuant to 26 NCAC 05 .0103. Anyone wishing to submit written comments on any proposed permanent rule before the Commission should submit those comments pursuant to 26 NCAC 05 .0104. Anyone wishing to address the Commission should comply with 26 NCAC 05 .0105 and .0106.

RULES REVIEW COMMISSION MEMBERS

Appointed by Senate	**Appointed by House**
Bill Nelson (2nd Vice-Chair)	Jake Parker (Chair)
Jeanette Doran	Paul Powell (1st Vice-Chair)
John Hahn	Wayne R. Boyles, III
Jeff Hyde	Christopher Loutit
Wyatt Dixon, III	Randy Overton

COMMISSION COUNSEL

Seth M. Ascher	984-236-1934
Travis Wiggs	984-236-1929
Christopher S. Miller	984-236-1935

RULES REVIEW COMMISSION MEETING DATES

November 20, 2025	January 29, 2026
December 18, 2025	February 26, 2026

RULES REVIEW COMMISSION MEETING
MINUTES
September 25, 2025

The Rules Review Commission met on Thursday, September 25, 2025, in the Commission Room at 1711 New Hope Church Road, Raleigh, North Carolina, and the meeting was streamed for the public via Webex.

Commissioners Wayne Ronald Boyles, III, Wyatt Dixon, III, Jeanette Doran, Chris Loutit, Randy Overton, Bill Nelson, Jake Parker, and Paul Powell were present in the Commission Room.

Staff member Alexander Burgos, Commission Counsel Seth Ascher, Christopher Miller, and Travis Wiggs were present in the room.

The meeting was called to order at 10:00 a.m. with Chair Doran presiding.

The Chair read the notice required by G.S. 138A-15(e) and reminded the Commission members that they have a duty to avoid conflicts of interest and the appearance of conflicts of interest.

APPROVAL OF MINUTES
The Chair asked for any discussion, comments, or corrections concerning the minutes from the August 28, 2025 meeting. There were none, and the minutes were unanimously approved as distributed.

FOLLOW-UP MATTERS
Private Protective Services Board
14B NCAC 16 .0701, .0801, .1301, and .1401 – The agency is addressing the objection from the August meeting. No action was required of the Commission

Board of Dental Examiners
21 NCAC 16A .0101; 16F .0111, and 16V .0103 – The agency submitted a response to the objection from the August meeting stating that the agency has decided not to change the rules, with the understanding that they will not go into effect. No action was required by the Commission.

LOG OF FILINGS (PERMANENT RULES)

Radiation Protection Commission

10A NCAC 15 .0201, .0202, .0203, .0204, .0205, .0206, .0207, .0208, .0209, .0210, .0211, .0212, .0213, .0501, .0608, .0609, .0802, .0803, .0901, .0902, .0903, .0904, .0905, .0906, .0907, .0908, .0909, .0910, .1001, .1601, .1901, .1902, .1903, .1904, .1905, .1906, .1907, .1908, .1909, .1910, .1911, .2001, .2002, .2003, .2004, .2005, .2006, .2007, .2008, .2009, .2010, and .2011 were unanimously approved.

Commission for Public Health 10A NCAC 43D

The Commission unanimously voted to extend the period of review for 10A NCAC 43D .0201, .0202, .0203, .0204, .0205, .0207, .0304, .0410, .0411, .0501, .0702, .0707, .0708, .0709, .0804, .0902, .0904, .0905, .0906, .0907, .0908, .0909, and .0911.

Commission for Public Health 10A NCAC 48A, 48B, 48C, 48D

10A NCAC 48A .0101, .0102, .0201, .0202, .0203, .0204, .0205; 48B .0101, .0102, .0103, .0201, .0202, .0203, .0301, .0302, .0303, .0304, .0305, .0401, .0402, .0501, .0502, .0503, .0601, .0602, .0701, .0702, .0703, .0801, .0802, .0803, .0804, .0901, .0902, .0903, .0904, .1001, .1101, .1102, .1201, .1202, .1203, .1204, .1301, .1302, .1303, .1304, .1305, .1306, .1307, .1308; 48C .0101, .0102, .0201, .0202, .0203, .0204, .0205; 48D .0101, .0201, .0202, .0203, .0204, .0205, .0206, .0207, .0208, .0209, .0210, and .0211 were unanimously approved.

Criminal Justice Education and Training Standards Commission

12 NCAC 09B .0203, .0210, .0211, .0218, .0219, .0224, .0237, .0239, .0303, .0308, .0309, .0310, .0401, .0402, .0416; 09C .0104, 09E .0103, .0111; 09G .0305, .0410; 09H .0102, .0103, .0104, and .0105 were unanimously approved.

The Commission voted to extend the period for review of 12 NCAC 09G .0209 until the next meeting. Specifically, at issue was subsection (b)(11) that listed the cases dealing with "good moral character". The Commission is requesting that the case citations be removed from (b)(11) but add any character traits the majority opinions used in those cases to define "good moral character".

Boxing and Combat Sports Commission

14B NCAC 10 .0605 and .0810 were unanimously approved.

Occupational Safety and Health Review Commission

24 NCAC 03 .0101, .0105, .0106, .0107, and .0303 were unanimously approved.

Filings pursuant to G.S. 150B-21.5(c1)

Department of Labor

13 NCAC 07F .0201 - The filing of this rule with the Commission is to allow members of the public to request legislative review. No action was required by the Commission.

Existing Rules Review

Commission of Navigation and Pilotage for the Cape Fear River and Bar

04 NCAC 15 – The Commission unanimously approved the report as submitted by the agency.

Commission for the Blind

10A NCAC 63 – The Commission unanimously approved the report as submitted by the agency.

Commission for Public Health

15A NCAC 18C – The Commission unanimously approved the report as submitted by the agency.

Department of Transportation

19A NCAC 02 – The Commission unanimously approved the report as submitted by the agency.

Readoptions

Department of Agriculture and Consumer Services

02 NCAC 48C, 48D – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than December 1, 2027, pursuant to G.S. 150B-21.3A(d)(2).

Office of State Budget and Management

09 NCAC 03 – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than November 1, 2027, pursuant to G.S. 150B-21.3A(d)(2).

Department of Insurance
11 NCAC 01, 17 – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than July 1, 2027, pursuant to G.S. 150B-21.3A(d)(2).

Water Pollution Control Systems Operators Certification Commission
15A NCAC 08 - As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than September 1, 2028, pursuant to G.S. 150B-21.3A(d)(2).

Secretary of State
18 NCAC 01 – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than October 1, 2026, pursuant to G.S. 150B-21.3A(d)(2).

Secretary of State
18 NCAC 04 – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than September 1, 2030, pursuant to G.S. 150B-21.3A(d)(2).

Secretary of State
18 NCAC 13 – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than May 1, 2028, pursuant to G.S. 150B-21.3A(d)(2).

Board of Athletic Trainer Examiners
21 NCAC 03 – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than June 1, 2026, pursuant to G.S. 150B-21.3A(d)(2).

Board of Examiners of Plumbing, Heating and Fire Sprinkler Contractors
21 NCAC 50 – As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than May 1, 2029, pursuant to G.S. 150B-21.3A(d)(2).

Board of Licensed Clinical Mental Health Counselors, Board of Licensed
21 NCAC 53 - As reflected in the attached letter, the Commission voted to schedule the readoption of these Rules no later than July 1, 2028, pursuant to G.S. 150B-21.3A(d)(2).

COMMISSION BUSINESS
At 10:22 a.m., upon a motion by the Chair and a second by Commissioner Parker, the Commission voted to call the public meeting of the Rules Review Commission to enter into closed session pursuant to G.S. 143-318.11(a)(1) to approve the general account of the August 28, 2025 closed session, which may be withheld from public inspection pursuant to G.S. 143-318.10(e) and pursuant to G.S. 143-318.11(a)(3) to consult with counsel regarding RRC v. RRC and CJETS v. RRC.

At 10:37 a.m., the Commission reconvened its public meeting of the Rules Review Commission after concluding the closed session.

The Chair announced that during the closed session, the Commission voted unanimously to amend the prior authorization regarding the engagement of outside counsel. The authorization previously approved by the Commission in September 2024 authorized Jeanette Doran in her capacity as Commissioner and Commissioner Parker in his capacity as Vice-Chair to engage with the RRC outside counsel and conduct various services. The Commission voted to amend this prior authorization in that Jeannette Doran, in her capacity as Chair, continue in that role, and amended that Commissioner Parker, not in his capacity as Vice-Chair but in his capacity as Commissioner, will engage with RRC outside counsel. The amendment was read as follows:

The Commission authorized Commissioner Jeanette Doran, in her capacity as a Commissioner, to manage and direct private counsel in the course and conduct of the RRC's representation, including its prosecution, settlement, and final disposition without further consultation with the RRC unless otherwise demanded in the matter of North Carolina Criminal Justice Education and Training Standards Commission v. RRC and Brian Leibman, Codifier of Rules and North Carolina Department of Environmental Quality, Division of Coastal Management, and the North Carolina Coastal Resources Commission v. RRC and Brian Leibman, Codifier of Rules. All prior authorizations regarding this matter are terminated.

Commissioner Doran, in her capacity as Commissioner, and Commissioner Parker, in his capacity as Commissioner, have the authority to manage and direct private counsel in the course and conduct of the RRC's representation.

The Chair announced that a REINS Act committee of the Commission was formed, comprising Commissioners Doran, Loutit, Nelson, and Parker. No action required by the full Commission.

Upon a motion by the Chair, and seconded by Commissioner Parker, the Commission voted to waive its Bylaws requiring that the Chair and 1st Vice-Chair be appointed from different chambers of the General Assembly

Upon a motion by Chair Doran and seconded by Commissioner Powell, the Commission unanimously voted for Jake Parker to be elected as Chair, Commissioner Paul Powell as 1st Vice-Chair, and Commissioner Bill Nelson as 2nd Vice-Chair. Upon an amended motion by Commissioner Doran, and seconded by Commissioner Powell, the Commission unanimously voted that the new appointments take effect upon the adjournment of this meeting.

Commissioner Parker recognized Commissioner Doran for her services to the Commission in her capacity as Chair.

The meeting adjourned at 10:45 p.m.

The next regularly scheduled meeting of the Commission is Thursday, October 30, 2025, at 10:00 a.m.

_____
Alexander Burgos, Paralegal

_____
Minutes approved by the Rules Review Commission:
Jake Parker, Chair

September 25, 2025

Rules Review Commission
Meeting
Please **Print** Legibly

Name	Agency
Emily Wiley	NCDOT
Margaret Benson NemAz	NCIPH
Regina Kissinger	NC RPS
James Albright	NC RPS
Dan Craig	NC RPS
Jennifer Temple	NCRPS
Leanne Lane	NCDOT
John B. Wall	SOS
Virginia Nichols	NCDHHS
Jennifer O'Daniel	Duke University
Sharah Black	NCDHHS
Jeanne Foley	Fox Rothschild LLP
[illegible]	NCDOT/FMTB

Rules Review Commission Meeting September 25, 2025

Via WebEx

Name	Agency
Christina Young	DHHS
Joan Bowen	DHHS
Jonathan Puryear	DOR
Tamika Jenkins	DHHS
Dana McGhee	ICNC
Devon Horine	DHHS
Nancy Hunter	DHHS
Ashley Snyder	Labor
Karissa Sluss	Labor
Kyle Heuser	DOI
Brian Liebman	OAH
Marlika Hairston	NCCOB
Laura Rowe	NC treasurer
Carla Rose	Labor
Julie Ventaloro	OSBM
Alisha Benjamin	DOI
Jennifer Everett	DEQ
Louis Brayboy	DHHS
Angela McLeod	Commerce
Anna Hayworth	NCAGR
Loretta Peace-Bunch	OSBM
Julie Eddins	OAH
Catherine Blum	DEQ
Marilyn Smalls	ABC
Elizabeth Pope	NCSW
Renee Metz	ABC
Paris	DHHS
Kathie Smith DVRS	DHHS
Gabby Decker	BCBSNC
Hope Ascher	
Dilcy Burton	DOJ
David Stone	UNC
Carmine Plott	Novant Health
Terra Gang	DOR
Terra Gang	DOR
Ryan Mitiguy	Hedrick Gardner
Ryan Mitiguy	Hedrick Gardner
Nancy Larrimore	DOR
Nancy Larrimore	DOR
Holly Cardoza	DOJ
Joy Tribble	DHHS
Beth Franklin	DPI
Raj Premakumar	DHHS

Alvin Coley	NCDPS
Doug Brocker	Brocker Law Firm

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Anna Hayworth
Sent via email to: Anna.Hayworth@ncagr.gov
Re: Readoption deadline for 02 NCAC 48C, 48D

Dear Ms. Hayworth:

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the Rules Review Commission meeting on September 25, 2025.

Pursuant to G.S. 150B-21.3A(d)(2), the rules listed in the attachment shall be readopted by the agency no later than **December 1, 2027**.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Travis Wiggs
Travis Wiggs
RRC Counsel

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

An Equal Employment Opportunity Employer

1711 New Hope Church Road, Raleigh, NC 27609
Telephone: (984) 236-1850 | Facsimile: (984) 236-1871
www.oah.nc.gov

Periodic Rule Review
March 27, 2025
APO Review: May 28, 2025
Agriculture, Board of
Total: 33
RRC Determination: Necessary

02	NCAC 48C	.0101
02	NCAC 48C	.0102
02	NCAC 48C	.0103
02	NCAC 48C	.0104
02	NCAC 48C	.0105
02	NCAC 48C	.0106
02	NCAC 48C	.0107
02	NCAC 48C	.0108
02	NCAC 48C	.0109
02	NCAC 48C	.0110
02	NCAC 48C	.0112
02	NCAC 48C	.0113
02	NCAC 48C	.0115
02	NCAC 48C	.0116
02	NCAC 48C	.0117
02	NCAC 48C	.0118
02	NCAC 48C	.0119
02	NCAC 48C	.0120
02	NCAC 48C	.0121
02	NCAC 48C	.0122
02	NCAC 48C	.0123
02	NCAC 48C	.0124
02	NCAC 48C	.0125
02	NCAC 48C	.0126
02	NCAC 48C	.0127
02	NCAC 48C	.0128
02	NCAC 48C	.0129
02	NCAC 48D	.0101
02	NCAC 48D	.0102
02	NCAC 48D	.0103
02	NCAC 48D	.0104
02	NCAC 48D	.0105
02	NCAC 48D	.0106

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Jennifer Everett, DEQ Rulemaking Coordinator
Sent via email to: jennifer.everett@deq.nc.gov
Re: Readoption deadline for 15A NCAC 08

Dear Ms. Everett:

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the Rules Review Commission meeting on September 25, 2025.

Pursuant to G.S. 150B-21.3A(d)(2), the rules listed in the attachment shall be readopted by the agency no later than **September 1, 2028**.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Travis Wiggs
Travis Wiggs
RRC Counsel

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

An Equal Employment Opportunity Employer

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RRC Determination
Periodic Rule Review
May 29, 2025
APO Review: July 30, 2025
Water Pollution Control System Operator Certification Commission
Total: 55

RRC Determination: Necessary

15A	NCAC 08F	.0101
15A	NCAC 08F	.0102
15A	NCAC 08F	.0201
15A	NCAC 08F	.0202
15A	NCAC 08F	.0203
15A	NCAC 08F	.0301
15A	NCAC 08F	.0401
15A	NCAC 08F	.0402
15A	NCAC 08F	.0403
15A	NCAC 08F	.0404
15A	NCAC 08F	.0405
15A	NCAC 08F	.0406
15A	NCAC 08F	.0407
15A	NCAC 08F	.0502
15A	NCAC 08F	.0503
15A	NCAC 08F	.0504
15A	NCAC 08F	.0505
15A	NCAC 08F	.0506
15A	NCAC 08G	.0101
15A	NCAC 08G	.0102
15A	NCAC 08G	.0201
15A	NCAC 08G	.0203
15A	NCAC 08G	.0204
15A	NCAC 08G	.0205
15A	NCAC 08G	.0301
15A	NCAC 08G	.0302
15A	NCAC 08G	.0303
15A	NCAC 08G	.0304
15A	NCAC 08G	.0305
15A	NCAC 08G	.0306
15A	NCAC 08G	.0307
15A	NCAC 08G	.0308
15A	NCAC 08G	.0401
15A	NCAC 08G	.0402
15A	NCAC 08G	.0403
15A	NCAC 08G	.0404
15A	NCAC 08G	.0405
15A	NCAC 08G	.0406
15A	NCAC 08G	.0407
15A	NCAC 08G	.0408
15A	NCAC 08G	.0409
15A	NCAC 08G	.0410
15A	NCAC 08G	.0501
15A	NCAC 08G	.0503
15A	NCAC 08G	.0504
15A	NCAC 08G	.0505
15A	NCAC 08G	.0602
15A	NCAC 08G	.0603
15A	NCAC 08G	.0701
15A	NCAC 08G	.0801
15A	NCAC 08G	.0802
15A	NCAC 08G	.0803
15A	NCAC 08G	.0804
15A	NCAC 08G	.0901
15A	NCAC 08G	.1001

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Reed Fountain, Attorney-Rulemaking Coordinator
Sent via email to: Reed.Fountain@youngmoorelaw.com
Re: Readoption deadline for 21 NCAC 50

Dear Mr. Fountain:

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the Rules Review Commission meeting on September 25, 2025.

Pursuant to G.S. 150B-21.3A(d)(2), the rules listed in the attachment shall be readopted by the agency no later than **May 1, 2029**.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Travis Wiggs
Travis Wiggs
RRC Counsel

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

An Equal Employment Opportunity Employer

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RRC DETERMINATION
PERIODIC RULE REVIEW
June 26, 2025
APO Review: August 27, 2025
Plumbing, Heating and Fire Sprinkler Contractors, Board of Examiners of
Total: 78

RRC Determination: Necessary

21 NCAC 50 .0105	21 NCAC 50 .0506	21 NCAC 50 .1214
21 NCAC 50 .0106	21 NCAC 50 .0507	21 NCAC 50 .1301
21 NCAC 50 .0202	21 NCAC 50 .0508	21 NCAC 50 .1302
21 NCAC 50 .0301	21 NCAC 50 .0510	21 NCAC 50 .1303
21 NCAC 50 .0305	21 NCAC 50 .0511	21 NCAC 50 .1304
21 NCAC 50 .0306	21 NCAC 50 .0512	21 NCAC 50 .1305
21 NCAC 50 .0307	21 NCAC 50 .0513	
21 NCAC 50 .0308	21 NCAC 50 .0514	
21 NCAC 50 .0309	21 NCAC 50 .0515	
21 NCAC 50 .0310	21 NCAC 50 .0516	
21 NCAC 50 .0311	21 NCAC 50 .0517	
21 NCAC 50 .0312	21 NCAC 50 .0518	
21 NCAC 50 .0313	21 NCAC 50 .0519	
21 NCAC 50 .0314	21 NCAC 50 .0520	
21 NCAC 50 .0315	21 NCAC 50 .1002	
21 NCAC 50 .0316	21 NCAC 50 .1003	
21 NCAC 50 .0316	21 NCAC 50 .1004	
21 NCAC 50 .0317	21 NCAC 50 .1005	
21 NCAC 50 .0402	21 NCAC 50 .1006	
21 NCAC 50 .0403	21 NCAC 50 .1012	
21 NCAC 50 .0404	21 NCAC 50 .1014	
21 NCAC 50 .0405	21 NCAC 50 .1101	
21 NCAC 50 .0406	21 NCAC 50 .1102	
21 NCAC 50 .0407	21 NCAC 50 .1104	
21 NCAC 50 .0408	21 NCAC 50 .1105	
21 NCAC 50 .0409	21 NCAC 50 .1106	
21 NCAC 50 .0410	21 NCAC 50 .1201	
21 NCAC 50 .0411	21 NCAC 50 .1202	
21 NCAC 50 .0412	21 NCAC 50 .1203	
21 NCAC 50 .0413	21 NCAC 50 .1204	
21 NCAC 50 .0414	21 NCAC 50 .1205	
21 NCAC 50 .0415	21 NCAC 50 .1207	
21 NCAC 50 .0501	21 NCAC 50 .1208	
21 NCAC 50 .0502	21 NCAC 50 .1209	
21 NCAC 50 .0503	21 NCAC 50 .1210	
21 NCAC 50 .0505	21 NCAC 50 .1211	

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Loretta Peace-Bunch, Office of State Budget and Management
Sent via email only to: loretta.peace.bunch@osbm.nc.gov

Re: Readoption deadline for 09 NCAC 03M

Dear Ms. Peace-Bunch,

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the September 25, 2025, Rules Review Commission meeting.

Pursuant to G.S. 150B-21.3A(d)(2), the rules listed in the attachment shall be readopted by the agency no later than **November 1, 2027**.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Seth Ascher
Seth Ascher
Commission Counsel

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

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RRC DETERMINATION
PERIODIC RULE REVIEW
February 27, 2025
APO Review: April 30, 2025
State Budget and Management, Office of
Total: 10

RRC Determination: Necessary
09 NCAC 03M .0101
09 NCAC 03M .0102
09 NCAC 03M .0201
09 NCAC 03M .0202
09 NCAC 03M .0205
09 NCAC 03M .0401
09 NCAC 03M .0702
09 NCAC 03M .0703
09 NCAC 03M .0801
09 NCAC 03M .0802

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Alisha Benjamin, Department of Insurance
Sent via email only to: alisha.benjamin@ncdoi.gov

Re: Readoption deadline for 11 NCAC 01, 17

Dear Ms. Benjamin,

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the September 25, 2025, Rules Review Commission meeting.

Pursuant to G.S. 150B-21.3A(d)(2), the rules listed in the attachment shall be readopted by the agency no later than **July 1, 2027**.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Seth Ascher
Seth Ascher
Commission Counsel

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

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RRC DETERMINATION
PERIODIC RULE REVIEW
January 30, 2025
APO Review: April 02, 2025
Insurance, Department of
Total: 38

RRC Determination: Necessary

11 NCAC 01 .0103
11 NCAC 01 .0107
11 NCAC 01 .0108
11 NCAC 01 .0201
11 NCAC 01 .0204
11 NCAC 01 .0205
11 NCAC 01 .0209
11 NCAC 01 .0301
11 NCAC 01 .0302
11 NCAC 01 .0303
11 NCAC 01 .0401
11 NCAC 01 .0403
11 NCAC 01 .0413
11 NCAC 01 .0414
11 NCAC 01 .0415
11 NCAC 01 .0416
11 NCAC 01 .0417
11 NCAC 01 .0418
11 NCAC 01 .0419
11 NCAC 01 .0420
11 NCAC 01 .0421
11 NCAC 01 .0422
11 NCAC 01 .0423
11 NCAC 01 .0424
11 NCAC 01 .0425
11 NCAC 01 .0426
11 NCAC 01 .0427
11 NCAC 01 .0428
11 NCAC 01 .0429
11 NCAC 01 .0430
11 NCAC 01 .0601
11 NCAC 01 .0602
11 NCAC 17 .0101
11 NCAC 17 .0102
11 NCAC 17 .0103
11 NCAC 17 .0104
11 NCAC 17 .0105
11 NCAC 17 .0106

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Ann Wall, Office of the Secretary of State
Sent via email only to: awall@sosnc.gov

Re: Readoption deadline for 18 NCAC 01, 04, 13

Dear Ms. Wall,

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the September 25, 2025, Rules Review Commission meeting.

Pursuant to G.S. 150B-21.3A(d)(2), the rules in 18 NCAC 01 shall be readopted by the agency no later than **October 1, 2026**, the rules in 18 NCAC 13 shall be readopted by the agency no later than **May 1, 2028,** and the rules in 18 NCAC 04 shall be readopted by the agency no later than **September 1, 2030.**

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Seth Ascher
Seth Ascher
Commission Counsel

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

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RRC DETERMINATION
PERIODIC RULE REVIEW
June 26, 2025
APO Review: August 27, 2025
Secretary of State, Department of the
Total: 64

RRC Determination: Necessary

18 NCAC 01 .0101
18 NCAC 01 .0103
18 NCAC 04 .0101
18 NCAC 04 .0102
18 NCAC 04 .0201
18 NCAC 04 .0202
18 NCAC 04 .0203
18 NCAC 04 .0204
18 NCAC 04 .0206
18 NCAC 04 .0302
18 NCAC 04 .0304
18 NCAC 04 .0306
18 NCAC 04 .0307
18 NCAC 04 .0308
18 NCAC 04 .0309
18 NCAC 04 .0311
18 NCAC 04 .0316
18 NCAC 04 .0317
18 NCAC 04 .0318
18 NCAC 04 .0401
18 NCAC 04 .0402
18 NCAC 04 .0501
18 NCAC 04 .0502
18 NCAC 04 .0503
18 NCAC 04 .0504
18 NCAC 13 .0101
18 NCAC 13 .0102
18 NCAC 13 .0103
18 NCAC 13 .0201
18 NCAC 13 .0202
18 NCAC 13 .0203
18 NCAC 13 .0204
18 NCAC 13 .0205
18 NCAC 13 .0206
18 NCAC 13 .0207
18 NCAC 13 .0208
18 NCAC 13 .0209
18 NCAC 13 .0301
18 NCAC 13 .0401
18 NCAC 13 .0402
18 NCAC 13 .0403
18 NCAC 13 .0405
18 NCAC 13 .0406
18 NCAC 13 .0407
18 NCAC 13 .0408
18 NCAC 13 .0409
18 NCAC 13 .0410
18 NCAC 13 .0411
18 NCAC 13 .0413
18 NCAC 13 .0414
18 NCAC 13 .0415
18 NCAC 13 .0416
18 NCAC 13 .0417
18 NCAC 13 .0418
18 NCAC 13 .0419
18 NCAC 13 .0501
18 NCAC 13 .0601
18 NCAC 13 .0701
18 NCAC 13 .0702
18 NCAC 13 .0802
18 NCAC 13 .0803
18 NCAC 13 .0804
18 NCAC 13 .0805
18 NCAC 13 .0901

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Paola Learoyd Gibbs, Board of Athletic Trainer Examiners
Sent via email only to: executivedirector@ncbate.org

Re: Readoption deadline for 21 NCAC 03

Dear Ms. Gibbs,

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the September 25, 2025, Rules Review Commission meeting.

Pursuant to G.S. 150B-21.3A(d)(2), the rules listed in the attachment shall be readopted by the agency no later than **June 1, 2026**.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Seth Ascher
Seth Ascher
Commission Counsel

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

An Equal Employment Opportunity Employer

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www.oah.nc.gov

RRC DETERMINATION
PERIODIC RULE REVIEW
January 30, 2025
APO Review: April 02, 2025
Athletic Trainer Examiners, Board of
Total: 11

RRC Determination: Necessary
21 NCAC 03 .0101
21 NCAC 03 .0102
21 NCAC 03 .0201
21 NCAC 03 .0202
21 NCAC 03 .0301
21 NCAC 03 .0302
21 NCAC 03 .0303
21 NCAC 03 .0304
21 NCAC 03 .0310
21 NCAC 03 .0401
21 NCAC 03 .0501

STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS

September 25, 2025

Doug Brocker, Board of Licensed Clinical Mental Health Counselors
Sent via email only to: doug@brokerlawfirm.com

Re: Readoption deadline for 21 NCAC 53

Dear Mr. Brocker,

Attached to this letter is a list of rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A. After consultation with your agency, the Rules Review Commission established a readoption date for these rules at the September 25, 2025, Rules Review Commission meeting.

Pursuant to G.S. 150B-21.3A(d)(2), the rules listed in the attachment shall be readopted by the agency no later than **July 1, 2028**.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,

/s/ Seth Ascher
Seth Ascher
Commission Counsel

Cc: Melonie Davis, davis@ncblcmhc.org

Melissa Owens Lassiter, Director
Chief Administrative Law Judge

John C. Evans
Senior Administrative Law Judge

An Equal Employment Opportunity Employer

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www.oah.nc.gov

RRC DETERMINATION
PERIODIC RULE REVIEW
December 19, 2024
APO Review: February 19, 2025
Clinical Mental Health Counselors, Board of Licensed
Total: 32

RRC Determination: Necessary
21 NCAC 53 .0102
21 NCAC 53 .0202
21 NCAC 53 .0204
21 NCAC 53 .0205
21 NCAC 53 .0206
21 NCAC 53 .0208
21 NCAC 53 .0209
21 NCAC 53 .0210
21 NCAC 53 .0211
21 NCAC 53 .0212
21 NCAC 53 .0213
21 NCAC 53 .0301
21 NCAC 53 .0302
21 NCAC 53 .0304
21 NCAC 53 .0305
21 NCAC 53 .0307
21 NCAC 53 .0308
21 NCAC 53 .0309
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September 25, 2025 Meeting

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