



**REGISTRATION APPLICATION FOR USERS OF RADIATION MACHINES
IN HEALING ARTS, DENTAL, VETERINARY MEDICINE AND MEDICAL ACADEMIC FACILITIES**

INSTRUCTIONS - Complete ALL ITEMS of the application. Mail original(s) to the Texas Department of State Health Services (TDSHS), Radiation Safety Licensing Branch (RSLB), 1100 West 49th Street, Austin, Texas 78756-3189. Submit the appropriate fee with an application for NEW REGISTRATIONS ONLY. Upon approval of the application, the applicant will receive a Certificate of Registration. If there are any questions, contact RSLB, Machine Source Group, at (512) 834-6688.

<p>1. a. Legal name of business, facility or individual.</p> <p>b. Business mailing address:</p>	<p>2. Physical address where radiation machines will be used: (Submit a separate application form for each additional use location under this registration.)</p>																
<p>3. Type of Action: (Check all that apply)</p> <p><input type="checkbox"/> New registration (Attach appropriate fee)</p> <p><input type="checkbox"/> Renewal of registration no. _____</p> <p><input type="checkbox"/> Amendment to registration no. _____</p> <p><input type="checkbox"/> Name change* <input type="checkbox"/> Address change</p> <p><input type="checkbox"/> RSO change <input type="checkbox"/> Add unit(s)</p> <p><input type="checkbox"/> Additional use location</p>	<p>4. County of Use:</p> <hr/> <p>5. Telephone No.:</p> <hr/> <p>6. Fax No.:</p> <hr/> <p>7. Radiation Safety Officer (RSO)* (Submit qualifications for new registration)</p>																
<p>8. * Machine Category use at this location- (as indicated in box 2)</p> <p align="center">Provide the <i>total number of units used in each category</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Podiatric Only – 566</td> <td style="width:50%; border: none;"><input type="checkbox"/> **Medical Accelerator – 878</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Computerized Tomography – 567</td> <td style="border: none;"><input type="checkbox"/> **Screening Authorization</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Veterinary – 571</td> <td style="border: none;"><input type="checkbox"/> **Mobile</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Minimal Threat – 572</td> <td style="border: none;"><input type="checkbox"/> **Veterinary Accelerator – 571</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other Industrial – 573</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Medical Radiographic – 576</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dental Only- 886</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Medical Fluoroscopic – J01</td> <td></td> </tr> </table> <p align="right">*SEE REVERSE SIDE FOR ADDITIONAL INFORMATION ** SEE REVERSE SIDE FOR ADDITIONAL INFORMATION</p> <p align="right">List any "provided equipment" below, if applicable.</p>		<input type="checkbox"/> Podiatric Only – 566	<input type="checkbox"/> **Medical Accelerator – 878	<input type="checkbox"/> Computerized Tomography – 567	<input type="checkbox"/> **Screening Authorization	<input type="checkbox"/> Veterinary – 571	<input type="checkbox"/> **Mobile	<input type="checkbox"/> Minimal Threat – 572	<input type="checkbox"/> **Veterinary Accelerator – 571	<input type="checkbox"/> Other Industrial – 573		<input type="checkbox"/> Medical Radiographic – 576		<input type="checkbox"/> Dental Only- 886		<input type="checkbox"/> Medical Fluoroscopic – J01	
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<p>9. If mobile services are used, indicate name and registration number of the "Provider of Equipment":</p> <p>Provider _____ Provider's Registration No.: _____ Machine Category: _____</p>																	
<p>10. As a licensed practitioner, I do hereby affirm that I am associated with this applicant and provide supervision to non-practitioners administering radiation to human beings or animals.</p> <p>_____ Signature of Licensed Practitioner* Date Typed or Printed Name Licensing Board No.</p>																	
<p>11. I do hereby accept the responsibilities of Radiation Safety Officer.</p> <p>_____ Signature of Radiation Safety Officer* Date Typed or Printed Name Licensing Board No.</p>																	
<p>12. I certify that the administration of radiation to human beings or animals in association with this application shall be under the supervision of an appropriately licensed practitioner. Furthermore, I attest that the information contained in this application is true and correct to the best of my knowledge.</p> <p>_____ Signature of Applicant Date Typed or Printed Name</p> <p>_____ Signature of Owner or Partner* Date Typed or Printed Name</p>																	

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/radiation> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

INSTRUCTIONS

The following denotes a detailed explanation for the specific items indicated by an asterisk (*) and asterisks (**) from the front page.

*Item(s) 1a and 3: Legal name of business, facility or individual.

A Business Information Form (RC Form 226-1) must be submitted for all new applications, technical renewals and for any name or ownership change.

Item 7: Radiation Safety Officer (RSO).

The individual named as RSO must meet the requirements specified in 25 Texas Administrative Code (TAC) §289.

For licensed practitioners, only signature and Texas license number are required. Submit qualifications for all others.

RSO responsibilities are outlined in:

Dental §289.232(h) (11)

Veterinary §289.233(h) (1) (E) (iv)

Medical §289.226(t) (2)

For multiple use locations, one individual shall be designated as RSO for all sites.

Item 8: Machine Use Category(s). (For Category explanation, see table below)

566 – PODIATRIC RADIOGRAPHIC ONLY
567 – COMPUTERIZED TOMOGRAPHY (CT)
571 – VETERINARY
<i>For Example:</i>
Dental, Fluoro, CT, Accelerator**
572 – MINIMAL THREAT ONLY
<i>For Example:</i>
Fluorescence X-Ray (Closed Beam)
Gauges X-Ray
Cabinet X-Ray
Package X-Ray
Electron Beam Welding
Particle Size Analyzer
Ion-Implant
Minimal Threat - Other
573 – OTHER INDUSTRIAL
<i>For Example</i>
Educational facility (X-Ray for non-human use)
Educational facility (X-Ray for non-live animal use)
Morgue(s)

576 – MEDICAL RADIOGRAPHIC
<i>For Example:</i>
Chiropractic
Bone Densitometer
Other
Mammo for non-human use
Volumetric Cone Beam CT system
**878 – ACCELERATOR, SIMULATOR OR OTHER THERAPEUTIC
<i>For Example:</i>
Medical Accelerator
X-ray Therapy
Electronic Brachytherapy
Simulator
J01 – FLUOROSCOPY
<i>For Example:</i>
Medical Radio-Fluoro
Lithotripter
Fluoro-Hand Held-Intensifying Device
C-Arm, Mini-C-Arm
886 – DENTAL ONLY
<i>For Example:</i>
Pano & Intraoral
Cone Beam Dental CT
Dental (handheld)

****Submit:** Operating and Safety Procedures AND receive a Certificate of Registration before beginning operation of:
 An Accelerator see 25 TAC §289.226(f) (2), and 25 TAC §289.229(h), Veterinary 25 TAC §289.229(h), and R &D and Industrial 25 TAC §289.229(f).
 Self-Referred Healing Arts Screening see 25 TAC §289.226(h)
 Mobile Operation see 25 TAC §229.226(g), Dental §289.232(h) (2), Veterinary §289.233(h) (2)

Item 10: Signature of Licensed Practitioner

The signature of the Administrator, President or Chief Executive Officer of the facility will be accepted if the facility is a licensed hospital or a medical facility with more than one licensed practitioner who may direct the operation of radiation machine(s).

Item 11: Signature of the Radiation Safety Officer (RSO)

The signature of the person listed in Item 7, as RSO, is required for the processing of all registration actions.

Item 12: Signature of Applicant

This should be the signature of a person duly authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.

Signature of Owner or Partner

This line does not need to be completed if the business is a corporation.