



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

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)
RADIATION SAFETY LICENSING BRANCH (RSLB)
Mail Code 2835
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: 512-834-6688 ext 2225
Fax #: 512-834-6717

For new registrations, mail application and fees to DSHS, RSLB, Mail Code 2003, P. O. Box 149347, Austin Texas, 78714-9347.
All other actions should use the address at the top of the application.

Read instructions on page 3 prior to completing application. Incomplete forms will delay the application process.

<p>1. LEGAL NAME OF BUSINESS: <i>Use legal name of the business as filed with the Texas Secretary of State Office, if applicable.</i></p> <p>_____</p> <p>2. DOING BUSINESS AS {DBA} NAME (IF APPLICABLE):</p> <p>_____</p> <p>3. MAILING ADDRESS: (Street Address/City/State/Zip)</p> <p>_____</p> <p>County: _____</p> <p>4. PHYSICAL LOCATION IN TEXAS: (Street Address/City/State/Zip)</p> <p>_____</p> <p>County: _____</p> <p>5. BUSINESS PHONE #: _____ EXT # _____</p> <p>6. BUSINESS FAX #: _____</p>	<p>7. RADIATION SAFETY OFFICER: <i>(Submit qualifications for new registrations or RSO changes as outlined in 25 TAC§289.226.)</i></p> <p>Name: _____</p> <p>Telephone number: _____ Ext # _____</p> <p>Email address: _____</p> <hr/> <p>8. TYPE OF ACTION: (Check all that apply)</p> <p><input type="checkbox"/> New Registration * (Attach appropriate fees)</p> <p><input type="checkbox"/> Renewal * Registration No. R _____</p> <p><input type="checkbox"/> Amendment Registration No. R _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Name Change * <input type="checkbox"/> RSO Change <input type="checkbox"/> Address Change <input type="checkbox"/> Additional Use Location <input type="checkbox"/> Equipment Change <input type="checkbox"/> Add Equipment <input type="checkbox"/> Delete Equipment </p> <p style="color: green; font-size: small;">* Submit Business Information Form (RC-226-1) with new applications, renewal applications; and name changes.</p>
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9. MACHINE DATA

Provide the total number of machines used in each category at the physical location listed under # 4.

Total No. of Machines	X-ray Machine Description	
	566 Podiatric	
	567 Computerized Tomography	
	571 Veterinary	
	571 Veterinary Accelerator *	
	572 Minimal Threat	
	573 Other Industrial	
	576 Medical Radiographic	
	Are any of the machines Cone Beam CT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	886 Dental	
	Are any of the machines Cone Beam CT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are any of the machines Hand Held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	J01 Fluoroscopy	

Total No. of Machines	X-ray Machine Description	
	878 Medical Accelerator / Simulators *	
	<input type="checkbox"/> EBT – Electronic Brachytherapy	
	Manufacturer:	
	<input type="checkbox"/> Therapeutic (Skin Therapy)	
	Manufacturer:	
Authorizations		
	Mobile Authorization *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Self-referral Screening Authorization *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cardiac CT	
	<input type="checkbox"/> Lung CT	
	<input type="checkbox"/> Osteoporosis / Bone Densitometry	

* For additional information, see Instructions on page 3.

10. MOBILE SERVICES:

If mobile services are provided to this facility, indicate name and registration number of the 'Provider of Equipment'.

Provider Name: _____ Provider Registration No. _____ Machine Category: _____

LEGAL NAME OF BUSINESS: _____

Registration #: R _____

SIGNATURES: This certification is to be signed by the Authorized Representative of the Applicant, an individual with the capacity and authority to legally bind the Applicant; Licensed Physician, and Radiation Safety Officer.

11. LICENSED PHYSICIAN:

As a **licensed physician**, I certify that I am the owner or associated with this applicant, and/or provide supervision to non-practitioners administering radiation to human beings or animals in accordance with Title 25, Texas Administrative Code. I certify that I am qualified and agree to carry out those duties and responsibilities as the Licensed Physician.

 Typed or printed name of licensed physician

 TX License Board No.

 Signature

 Date

12. RADIATION SAFETY OFFICER (RSO):

I, hereby certify that I will fulfill the duties and accept the responsibilities of the RSO as required in 25 Texas Administrative Code (TAC) §289.226, 232, or 233, as applicable.

 Typed or printed name of RSO

 Texas License No. OR Type of degree

 Signature

 Date

13. APPLICANT, OR PERSON DULY AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT:

Certification must be made by the Administrator, President, Registered Agent, CEO, COO, CFO, Partner, or Owner.

I certify that all of the information provided herein is true and correct to the best of my knowledge, and will comply with all applicable provisions of Title 25, Texas Administration Code, Chapter 289.

 Typed or printed name

 Title

 Signature

 Date

INSTRUCTIONS

FOR MULTIPLE USE LOCATIONS (SUB-SITES) OPERATING UNDER THE SAME LEGAL ENTITY, COMPLETE A SEPARATE APPLICATION FORM FOR EACH SUB-SITE.

Item 3: One **MAILING ADDRESS** shall be designated for all sites.

Item 7: **RADIATION SAFETY OFFICER (RSO):** For multiple use locations, one individual shall be designated as RSO.

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

- §289.226 - Registration of Radiation Machines and Services, or
- §289.232 - Registration of Dental Use, or
- §289.233 - Registration of Veterinary Use

LICENSED PHYSICIANS, only signature and Texas license number are required.

Item 9: **MACHINE USE CATEGORY(IES).** (Category Descriptions are listed below in the table.)

566 – PODIATRIC RADIOGRAPHIC
567 – COMPUTED TOMOGRAPHY (CT)
571 – VETERINARY
<i>For Example:</i>
Dental, Fluoroscopy, CT, Accelerator*
572 – MINIMAL THREAT
<i>For Example:</i>
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
Cone Beam CT
* 878 – ACCELERATOR, SIMULATOR OR OTHER THERAPEUTIC
<i>For Example:</i>
Medical Accelerator
X-ray Therapy
Electronic Brachytherapy
Simulator or CT used for Simulation only
J01 – FLUOROSCOPY
<i>For Example:</i>
Radiographic/Fluoroscopy (R/F)
Lithotripter
Fluoroscopy-Hand Held-Intensifying Device
C-Arm, Mini-C-Arm, O-Arm
Fluoroscopy used in Podiatry
886 – DENTAL
<i>For Example:</i>
Pano & Intraoral
Cone Beam CT
Handheld Dental

NEW APPLICATIONS, if applicable:

- * Submit Operating and Safety Procedures, AND receive a Certificate of Registration before beginning operation of:
 - Accelerators for Healing Arts, Veterinary, and Industrial Uses; Therapeutic Radiation Machines and Electronic Brachytherapy, as specified in 25 TAC:
 - §289.226 - Registration of Radiation Machines and Services;
 - §289.229 - Radiation Safety requirements of Accelerators, Therapeutic Radiation Machines and Electronic Brachytherapy
 - §289.233- Registration of Veterinary Radiation Machines
 - Mobile X-Ray Operation: (Refer to Form RC 226-8.) Mobile operations must meet requirements as specified in 25 TAC:
 - §289.226 - Registration of Radiation Machines and Services, or
 - §289.232 - Registration of Dental Use, or
 - §289.233 - Registration of Veterinary Use
- Note: Mobile operation: the x-ray machine is taken out the office and x-rays are done at a different location, or used on a mobile van.
- * Submit Policy and Procedures, AND receive a Certificate of Registration before conducting Self-referred Healing Arts Screening:
 - CT Coronary Calcium Screening: refer to Form RC 226-9
 - Low Dose CT Lung Cancer Screening: refer to Form RC 226-11
 - Screening for Osteoporosis: refer to Form RC-10

RENEWAL APPLICATIONS, if applicable:

- * Submit Operating and Safety Procedures for:
 - Accelerators for Healing Arts, Veterinary, and Industrial Uses; Therapeutic Radiation Machines and Electronic Brachytherapy
 - Mobile X-Ray Operations
- * Submit Policy and Procedures for:
 - Self-Referral Healing Arts Screening

SIGNATURE PAGE:

- Item 11. Signature of Licensed Physician
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 12. 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 13. Signature of Applicant, Owner, or Partner
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.