



Texas Department of State Health Services

RADIATION MACHINE REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SECTION - REGISTRATION UNIT
 Mail Code 1986
 P.O. Box 149347
 Austin, Texas 78714-9347

Phone #: (737) 218-7110
 Fax #: (512) 206-3787
 email: XrayRegistration@dshs.texas.gov

AMENDMENTS ONLY

This application is for users of radiation machines for Medical, Dental, Veterinary Medicine, & Medical Academic Facilities.

- **Retain a completed copy of the application for your records.**
- **Email us with any questions.**
- *** See page 3 for further information.**

1. TYPE OF ACTION: *(mark all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Business Name Change * | <input type="checkbox"/> Assumed Name Change * |
| <input type="checkbox"/> Radiation Safety Officer Change * | |
| <input type="checkbox"/> Add Equipment | <input type="checkbox"/> Delete Equipment |
| <input type="checkbox"/> Add Mobile Services Authorization * | <input type="checkbox"/> Add Location |
| <input type="checkbox"/> Add Self-Referral Healing Arts Screening Authorization * | |
| <input type="checkbox"/> Cardiac CT | <input type="checkbox"/> Lung CT |
| <input type="checkbox"/> Osteoporosis/Bone Density | |
- Address Change *(mark all that apply)*: Mailing Physical Billing

2. REGISTRATION # R _____

3. LEGAL BUSINESS NAME *as filed with the Texas Secretary of State:*

4. ASSUMED NAME (dba), if applicable.

5. RADIATION SAFETY OFFICER:

Name: _____ Title: _____

Phone #: _____ Extension #: _____

Email address: *(required)* _____

All correspondence will be sent to this email address. Ensure this email address is monitored.

6. BUSINESS MAILING ADDRESS:

Phone #: _____ Business Fax #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

7. BILLING MAILING ADDRESS:

Same as business mailing address

Phone #: _____ Business Fax #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

SIGNATURES: This application must be signed by the Radiation Safety Officer.

For RSO change, an additional signature is required from the President, Previous RSO, Registered Agent, CEO, COO, CFO, Partner or Owner.

10. RADIATION SAFETY OFFICER (RSO) SIGNATURE:

- I 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.
- 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	Texas License No. OR Type of degree
_____	_____
Signature	Date

11. ADDITIONAL SIGNATURE FOR RSO CHANGE:

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

Correspondence, including certificates, is sent by email only to the Radiation Safety Officer. Ensure that the email address provided is monitored.

Visit our website to download the appropriate documents listed below:

<https://www.dshs.state.tx.us/radiation/x-ray/medical-faq.aspx>

*** ADDITIONAL FORMS TO SUBMIT WITH APPLICATION:**

- RC 226-01 Business Information form, *if changing the legal or assumed name.*
- RC 42-R Radiation Safety Officer, *if changing the RSO.*

*** ADDITIONAL AUTHORIZATION INFORMATION:**

Submit required information and receive Certificate of Registration prior to providing mobile operations and/or self-referral screening services.

Mobile Services Authorization:

- RC 226-08 Registration of Mobile Services Used in the Healing Arts & Veterinary Medicine

Self-Referral Healing Arts Screening Authorization:

- RC 226-09 Authorization for Self-Referred CT Coronary Calcium Screening for Atherosclerosis
- RC 226-10 Healing Art Screening Requirements for Osteoporosis
- RC 226-11 Authorization for Self-Referred CT Lung Cancer Screening

*** ACCELERATOR (ACC), ELECTRONIC BRACHYTHERAPY (EBT), SUPERFICIAL RADIATION THERAPY (SRT), SIMULATORS (S):**

Submit required information and receive a Certificate of Registration prior to treatment of patients.

- RC 229-01 Registration of Accelerators
- RC 229-02 Registration of Electronic Brachytherapy (EBT) Machine
- RC 229-03 Registration of Superficial Radiation Therapy (SRT) Machine