



# RADIATION MACHINE REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
RADIATION SECTION – REGISTRATION BRANCH

Mail Code 2003  
P.O. Box 149347  
Austin, Texas 78714-9347

Phone #: (737) 218-7110  
Fax #: (512) 206-3787

email: XrayRegistration@dshs.texas.gov

Texas Department of State  
Health Services

**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.**
- **Additional forms may be required. See page 4 for instructions and requirements.**

1. TYPE OF ACTION:                      New Registration

**Registration Number: R** \_\_\_\_\_ (Required for any of the below actions)

Equipment Change:      Add      Delete      Radiation Safety Officer      Renewal

Name Change:      Business Name      Assumed Name

                                 Additional Use Location      Address Change:      Mailing      Physical      Billing

                                 Mobile Services Authorization

Self-referral Healing Arts Screening Authorization:

                                 Cardiac CT      Lung CT      Osteoporosis / Bone Density

2. LEGAL BUSINESS NAME *as filed with the Texas Secretary of State*:  
\_\_\_\_\_

3. ASSUMED NAME (dba), if applicable:  
\_\_\_\_\_

4. 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.**

5. BUSINESS MAILING ADDRESS:

Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

6. BILLING ADDRESS:                      Same as business mailing address

Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**7. PHYSICAL LOCATION & RADIATION MACHINE INFORMATION:**

*Copy this page and complete for each additional location where radiation machines are located.*

PHYSICAL LOCATION IN TEXAS: \_\_\_\_\_ SITE #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RADIATION MACHINE INFORMATION:**

*Enter the **total number** of radiation machines in each category at this location.*

Total No. of Machines	Radiation Machine Description	Agency Use Only
	<b>Podiatric</b>	566
	<b>Computerized Tomography</b>	567
	<b>Veterinary</b> (general x-ray/dental/CT/Fluoroscopy)	571
	<b>Veterinary Accelerator</b> (check only if treating tumors with x-ray equipment)	571
	<b>Minimal Threat</b> (including specimen radiography cabinets)	572
	<b>Morgue</b>	573
	<b>Educational</b> (non-human, non-live animal) Medical                      Dental                      Veterinary	573
	<b>Research</b> Non-human                      Non-live animal                      Live animal	573
	<b>Radiographic Machine</b> (do not use for dental or veterinary) Are any of the machines cone beam CT?      Yes      Total CBCT Units _____ Are any of the machines DEXA units?      Yes      Total DEXA Units _____	576
	<b>Dental Machine</b> (do not use for veterinary) Are any of the machines cone beam CT?      Yes      Total CBCT Units _____ <b>For Handheld Dental Machine(s)</b> Are any handheld devices temporarily used at another registrant's office? Yes      How many? _____	886
	<b>Fluoroscopy</b>	J01
	<b>Accelerator (ACC) / Superficial Radiation Therapy (SRT) / Electronic Brachytherapy (EBT) / Simulators (S)</b>	878
	ACC      SRT      EBT      S Manufacturer: _____ Model: _____      Serial #: _____	
	ACC      SRT      EBT      S Manufacturer: _____ Model: _____      Serial #: _____	

**8.** If equipment is contractually provided by a third party (excluding standard lease or lease to own), indicate the provider information here: Category Code(s): \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Provider Registration #: \_\_\_\_\_

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**SIGNATURES: Digital signatures must be certified to be accepted.**

This application is to be signed by:

- The Radiation Safety Officer. (Sign in Section 9) **Required for all applications**
  - The Licensed Physician. (Sign in Section 10) **Required for new and renewal**
  - The Applicant (Sign in Section 11) **Required for new and renewal**
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**9. RADIATION SAFETY OFFICER (RSO):**

- 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 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 Board No. or Type of degree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**10. LICENSED PHYSICIAN: (MD, DO, DDS, DMD, DC, DVM, DPM)**

- 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.
- I certify that all 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

\_\_\_\_\_  
TX License Board No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

I certify that all 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

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**This page is for information only and *SHOULD NOT* be returned.**

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

**Direct any questions to: [XrayRegistration@dshs.texas.gov](mailto:XrayRegistration@dshs.texas.gov)**

For additional information or documents, visit:

<https://www.dshs.texas.gov/texas-radiation-control/x-ray-machines-x-ray-services>

### **NEW APPLICATIONS AND FEES:**

- See fee schedule RC 204.
- Mail application packet and fees to the address on page 1.
- Business Information Form
- RSO Form

### **RENEWALS**

- Business Information Form
- RSO Form

**RADIATION SAFETY OFFICER CHANGES** Non-physician (M.D., D.O., D.P.M., D.C., D.D.S., or D.V.M.)

- RSO Form

### **NAME CHANGES**

- Business Information Form

### **ADDITIONAL AUTHORIZATION INFORMATION:**

Submit the required information and receive a Certificate of Registration before providing mobile operations 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

Handheld Dental Units Used at Other Registrants' Offices - Temporary Job Site Authorization:

- 4.4 Reg Guide - Dental

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

Submit the required information and receive a Certificate of Registration before treating 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