TEXAS Health and Human Services

Texas Department of State Health Services

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

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*:* _____

LEGAL BUSINESS NAME: _____ **R**_____

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
	Dental Machine (do not use for veterinary) *Are any of the machines cone beam CT?* ☐Yes Total CBCT Units _____ *Are any handheld devices temporarily used at another registrant's office?* ☐Yes How many? _____	886
	Podiatric	566
	Veterinary *(general x-ray/dental/CT/Fluoroscopy)*	571
	Veterinary Accelerator *(check only if treating tumors with x-ray equipment)*	571
	Minimal Threat *(including specimen radiography cabinets)*	572
	Morgue	573
	Educational *(non-human, non-live animal)* ☐Medical ☐Dental ☐Veterinary	573
	Research ☐*Non-human* ☐*Non-live animal* ☐*Live animal*	573
	Radiographic Machine (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
	Computerized Tomography	567
	Fluoroscopy	J01
	Multiple Modality Machines (check all that are functional) ☐CT ☐Fluoroscopy ☐CBCT ☐Radiographic ☐R&F Room	
	Manufacturer:_____ Model:_____ Serial #:_____	
	Accelerator (ACC) / Superficial Radiation Therapy (SRT) / Electronic Brachytherapy (EBT) / Simulators (S)	878
	◯ACC ◯SRT ◯EBT ◯S Manufacturer:_____ Model:_____ Serial #:_____	

Submit a separate list of manufacturer, model, and serial number if you have more than one multiple modality machine or ACC/SRT/ EBT/S.

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 #: _____

LEGAL BUSINESS NAME: _____ **R**_____

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**

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 Administrative Code, Chapter 289.

Typed or printed name	Texas License Board No. or Type of degree
Signature	Date

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 Administrative Code, Chapter 289.

Typed or printed name	TX License Board No.
Signature	Date

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 Administrative Code, Chapter 289.

Typed or printed name	Title
Signature	Date

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

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