



**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

Complete ALL ITEMS on the application. Instructions for filling out the application are on page 2. For further questions, contact the RSLB at (512)834-6688 ext. 2225. Upon approval of the application, the applicant will receive a Certificate of Registration.

**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.**

1. Legal Name of Facility: _____
The legal name of the facility filed with the Texas Secretary of State Office.

Doing Business As name (if applicable): _____

2. Mailing Address: (Street Address/City/State/Zip) _____

3. Physical Location: (Street Address/City/State/Zip) _____

County: _____

County: _____

4. Facility Site Phone Number: _____

5. Site Fax No.: _____

6. Radiation Safety Officer: _____

Attach qualifications as required in 25 TAC § 289.226.

a. Telephone No.: _____

b. E-mail address: _____

7. Type of action: (Check all that apply)

- New Registration (Attach appropriate fee)
- Renewal of Registration No. R _____
- Amendment to Registration No. R _____
 - Name Change RSO Change
 - Address Change Add X-ray Machine(s)
 - Additional Use Location

*Submit Business Information Form (RC 226-1)
for all new applications and name changes.*

*If changing ownership, check 'New Registration'
and include the required fees.*

8. Provide the **total number** of x-ray machines used in each category at the physical location – listed under # 3.

Total No. of Machines	X-Ray Machine Description
	Podiatric – 566
	Computerized Tomography – 567
	Veterinary - 571
	Minimal Threat – 572
	Other Industrial – 573
	Medical Radiographic – 576
	Medical Accelerator 878 *
	Dental – 886
	Medical Fluoroscopic – J01
	Veterinary Accelerator – 571 *
	Screening Authorization *
	Mobile *

9. If mobile services are used, indicate name and registration number of the 'Provider of Equipment'.

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

10. As a **licensed practitioner**, I affirm that I am associated with this applicant and provide supervision to non-practitioners administering radiation to human beings or animals.

Typed or printed name of licensed practitioner TX License Board No. Date Signature

11. As **radiation safety officer** for this facility, I assume the duties and responsibilities as described in 25 TAC 289.226

Typed or printed name of RSO TX License Board No. Date Signature

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.

a. _____
Typed or printed name of Applicant Date Signature

b. _____
Typed or printed name of Owner or Partner Date Signature

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> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

INSTRUCTIONS

Item2: For multiple use locations (sub-sites), one mailing address shall be designated for al sites.

Item 6: Radiation Safety Officer (RSO) **For multiple use locations, one individual shall be designated as RSO for all sites.**
 The individual named as RSO must meet the requirements specified in 25 Texas Administrative Code (TAC) §289.226.
 For licensed practitioners, only signature and Texas license number are required. Submit qualifications for all others.

RSO responsibilities are outlined in:
 Dental §289.232
 Veterinary §289.233
 Medical §289.226

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

566 – PODIATRIC RADIOGRAPHIC
567 – COMPUTED TOMOGRAPHY (CT)
571 – VETERINARY
<i>For Example:</i>
Dental, Fluoro, 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
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 or CT used for Simulation only
J01 – FLUOROSCOPY
<i>For Example:</i>
Medical Radio-Fluoro
Lithotripter
Fluoro-Hand Held-Intensifying Device
C-Arm, Mini-C-Arm
886 – DENTAL
<i>For Example:</i>
Pano & Intraoral
Cone Beam Dental CT
Handheld Dental

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

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.

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