email: XrayRegistration@dshs.texas.gov



Texas Department of State Health Services

RADIATION MACHINE REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES RADIATION SECTION - REGISTRATION UNIT Mail Code 1986 Phone #: (737) 218-7110 Fax #: (512) 206-3787

P.O. Box 149347 Austin, Texas 78714-9347

AMENDMENTS ONLY

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

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	tain a completed co nail us with any que		tion for yo	our re	corus.				
*	See page 3 for further	information.							
TY	PE OF ACTION: (mark a	all that apply)							
	Business Name Cha	_	_ 4		Assumed Name Change *				
	Radiation Safety Off Add Equipment	_	ipment		Add Location	on			
	Add Mobile Services Authorization *								
	Add Self-Referred H Cardiac CT		ation * Osteoporosis/Bone Density						
Ad	dress Change (mark a								
RE	GISTRATION # R								
	LEGAL BUSINESS NAME as filed with the Texas Secretary of State:								
AS	SUMED NAME (dba), i	f applicable.							
RA	DIATION SAFETY OFF	ICER:							
Na	me:		Title: _						
Pho	one #:		Extens	sion #	:				
Em	Email address: (required)								
	SINESS MAILING ADD		aress. Ensur	e tnis	emaii address	s is mo	onitorea.		
Ph	one #:		Busin	ess Fa	ax #:				
Str	Street Address:			City:					
Sta	ate:	Zip:	Cou	nty <i>:</i> _					
BII	LLING MAILING ADDR	ESS:	□ Sam	ne as l	business mai	ling a	ddress		
Ph	one #:		Busin	ess Fa	ax #:				
C+,	reet Address:			City					

State: _____ Zip:____ County: ____

	CAL LOCATION & RADIATION MACHINE INFORMATION:	ocated			
Copy this page and complete for each additional location where radiation machines as PHYSICAL LOCATION IN TEXAS: SITE #:					
	dress:				
City: Zip:					
County: Phone #:					
	ON MACHINE INFORMATION: otal <u>number</u> of radiation machines in each category at this location.				
Total No. of Machines	X-ray Machine Description				
	Fluoroscopy	J01			
	Podiatric	566			
	Computerized Tomography	567			
	Veterinary	571			
	* Veterinary Accelerator	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)	573			
	Radiographic Machine Are any of the machines cone beam CT? □ Yes CBCT # □ No	576			
	Dental Machine Are any of the machines cone beam CT? □ Yes CBCT # □ No	886			
	* Accelerator (ACC) / Superficial Radiation Therapy (SRT) / Electronic Brachytherapy (EBT) / Simulators (S)	878			
	☐ ACC ☐ SRT ☐ EBT ☐ S Manufacturer:				
	Model: Serial #:				
	☐ ACC ☐ SRT ☐ EBT ☐ S Manufacturer:				
	Model: Serial #:				
* See pag	ge 3 for further information.				
9. If the facility has a contracted provider of radiation machines, complete the following: Provider name:					
Provide	er Registration #: Category Code(s):				
Addres	s (street, city, & zip code) where radiation machine(s) will be used:				

LEGAL NAME:

LEGAL NAME:	к					
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						

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