



LEAD INTERPRETING PHYSICIAN (LIP) FORM
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH (RSLB)
P.O. Box 149347
Austin, Texas 78714-9347

This form may be used to change the LIP for the facility. If you are making the same change on multiple certifications, list all of the applicable certification numbers.

Retain a copy for your records.

For further questions, contact RSLB-Registration at (512) 834-6688 ext 2225.

<p>CERTIFICATION NUMBER: _____</p> <p>I. Name of Facility: _____</p> <p>Telephone No.: _____ Fax No. _____</p> <p>Address of Facility: _____</p> <p>_____</p> <p>II. LIP Designee: _____</p> <p>Individual's Full Name (Print or type)</p>

CERTIFICATION

<p>I certify that I have read and understand Title 25, Texas Administrative Code, Section 289.230, titled <i>Certification of Mammography Systems and Mammography Machines Used for Interventional Breast Radiography</i>. I certify that I am qualified to serve, agree to serve, and will carry out those duties and responsibilities of the Lead Interpreting Physician of the Applicant, pursuant to 25 TAC §289.230.</p> <p>_____ Signature of designated Lead Interpreting Physician</p> <p>_____ Date</p>
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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).