



Texas Department of State Health Services

RADIATION MACHINE REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT
Mail Code 2003
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 206-3787
email: XrayRegistration@dshs.texas.gov

NEW OR RENEWAL ONLY

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.
* See page 4 for further information.

1. TYPE OF ACTION: [] New Registration [] Renewal of Registration # R_____

2. ADDITIONAL AUTHORIZATIONS:
[] Mobile Services Authorization *
[] Self-referral Healing Arts Screening Authorization *
[] Cardiac CT [] Lung CT [] Osteoporosis / Bone Density

3. LEGAL BUSINESS NAME as filed with the Texas Secretary of State: *

4. ASSUMED NAME (dba), if applicable: *

5. 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.

6. BUSINESS MAILING ADDRESS:
Phone #: _____ Business Fax #: _____
Street Address: _____ City: _____
State: _____ Zip: _____ County: _____

7. BILLING MAILING ADDRESS: [] Same as business mailing address
Phone #: _____ Billing Fax #: _____
Street Address: _____ City: _____
State: _____ Zip: _____ County: _____

LEGAL NAME: _____ R _____

8. PHYSICAL LOCATION & RADIATION MACHINE INFORMATION:

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

PHYSICAL LOCATION IN TEXAS: _____ SITE #: _____ (Renewal only)

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
	Fluoroscopy	101
	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) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Veterinary	573
	Research (non-human, non-live animal)	573
	Radiographic Machine <i>Are any of the machines cone beam CT?</i> <input type="checkbox"/> Yes CBCT # _____ <input type="checkbox"/> No	576
	Dental Machine <i>Are any of the machines cone beam CT?</i> <input type="checkbox"/> Yes CBCT # _____ <input type="checkbox"/> No	886
	* Accelerator (ACC) / Superficial Radiation Therapy (SRT) / Electronic Brachytherapy (EBT) / Simulators (S)	878
	<input type="checkbox"/> ACC <input type="checkbox"/> SRT <input type="checkbox"/> EBT <input type="checkbox"/> S Manufacturer: _____ Model: _____ Serial #: _____	
	<input type="checkbox"/> ACC <input type="checkbox"/> SRT <input type="checkbox"/> EBT <input type="checkbox"/> S Manufacturer: _____ Model: _____ Serial #: _____	

*** See page 4 for further information.**

9. If the facility has a contracted provider of radiation machines, complete the following:

Provider name: _____

Provider Registration #: _____ Category Code(s): _____

Address (street, city, & zip code) where radiation machine(s) will be used:

LEGAL NAME: _____ R _____

SIGNATURES: This application is to be signed by:

- The Radiation Safety Officer. (Sign in Section 10)
- The Licensed Physician. (Sign in Section 11)
- The Applicant (Sign in Section 12)

10. 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

11. 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

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

Certification must be made by the Administrator, President, CEO, COO, CFO, Partner, or Owner.

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

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

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
- RC 42-R Radiation Safety Officer

NEW APPLICATIONS AND FEES:

- For new application fees, see fee schedule RC 204.
- Mail application packet and fees to address on page 1.

*** ADDITIONAL AUTHORIZATION INFORMATION:**

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): *NEW ONLY***

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