

Correction of Facility Name as identified with Federal Tax Number

To correct your Facility's name the following **two** items are required:

- An electronic file of the IRS 147C Tax Identification Verification letter or your original SS-4 letter
- Scan/Upload capability

Select the Amend button

Apply for a New Registration
If you have any questions, please contact ODH at (614) 866-9955-4727

[Amend](#) [Print Certificate](#) [Contact ODH](#)

Identification
Facility: ABC Dental Associates Inc
Facility Type: Dental Office
Reg #: 02-A-04377-001

Registration Dates
Expiration Date: 07-31-2012 Latest Amend Date: 04-27-2012
Last Inspection Date: 01-24-2012 Last Partial Inspection Date:

Individual Responsible for Radiation Protection
IRRP: Alfred B Cranes DDS
EMail: dentist123@abcdentist.com

Responsible Officer
Name: Alfred B Cranes DDS Title: DDS

Addresses and Communications

Source	Mailing	Billing
123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 43085 Franklin County
Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381

Radiation Sources

Description	Operable X-ray Tubes Registered	Inoperable X-ray Tubes Registered
Extraoral with Panorax	1	0
CT (Computed Tomography)	1	0
Total # of X-ray Tubes	2	0

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your facility's name.

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Apply for a New Registration

If you have any questions, please contact ODH at (614) 995-4727

Online Amendment Instructions

Before you begin, it may be helpful to print out specific instructions from the link above. If you have questions, please call (614) 995-4727 or e-mail xrayreg@odh.ohio.gov. Remember to print your certificate after your approved changes. (Only accounts in compliance with a zero balance will show the PRINT CERTIFICATE button.)

Select the small circle in front of Facility Name Correction

Allow the record to open in edit mode

Amendments

or update mailing/billing address or phone/fax numbers

Form [HEA5526](#))

Facility move (Form [HEA0152](#))

ODH-Approved Amendments

Select one of the amendment types below to reduce tube count or make corrections to your record.

- Tube reduction
- Facility name correction
- Tax identification number correction
- Responsible officer change (not IRRP change)
- Facility type change

Error corrections or wrong tube category - If you added/decreased an incorrect amount of tubes, or if your registration shows the wrong tube category, please call 614-995-4727. DO NOT SUBMIT ONLINE additions or reductions for the correction of errors. Staff will assist you in correcting your record.

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This Correction Amendment cannot be used for ownership changes.

Amendments

Enter the corrected information, select the letter to be uploaded, enter comments if applicable and click on the Submit button.

* required field

Identification

Facility Name: ABC Dental Associates Inc
Facility Type: Dental Office
Registration Number: 02-A-04377-001
Federal Tax ID Number: 341919199
Responsible Officer: Bob Narkeses DMD

Ownership changes are not facility name corrections. The new owner will need to apply for registration and the old owner must submit a [Notice of Termination form HEA5508](#)

To correct facility name, the following IRS letter is required for upload:

An electronic file of the IRS 147C Tax identification Verification letter or your original SS-4 letter

IRS 147C Tax Identification Verification letter
Call IRS at 1-800-829-4933 and request your "Tax Identification Verification 147C letter" and have the IRS FAX the letter to you. This process should take 3-5 minutes. Do not stay on hold with the IRS; hang up, call back, get someone at the IRS to help you. (Only your original tax identification letter (SS-4) or the IRS 147C letter will be accepted. No W-9s will be accepted.)

The official name on the 147C letter is the "Registered Name" and the tax ID# on the 147C letter is the tax number to be entered in the tax ID# correction field.

* Enter facility name correction:

* Click Browse and then select the letter to be uploaded:

Comments (Maximum of 160 characters):

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your facility's name.

Enter the correct facility name as identified on your IRS letter

Select "Browse" and upload your letter

Enter any necessary comments

Select "Submit"

Correction of Facility Name as identified with Federal Tax Number

ODH will review for approval before changes become effective.

Once you have completed your amendment, Select the Submit Another Amendment button or the Home link.

The screenshot shows a web browser window displaying the Ohio Department of Health X-Ray Registration and Inspection portal. The page features a purple header with the ODH logo and navigation links for 'Instructions', 'Home', and 'Logout'. A central white box contains a confirmation message: 'Congratulations! You have... The Registration Program staff will review the documentation provided within two to three business days. Once your amendment has been approved, you will receive a confirming e-mail.' Below this message is a button labeled 'Submit Another Amendment' and a note: 'Click this button to submit another amendment for the same facility:'. At the bottom of the white box, it says 'To submit an amendment for a different facility, click on the Home link at the top of the page.' and 'Thank you, X-ray Registration, Office of Health Assurance and Licensing, Ohio Department of Health'. A blue box at the top of the slide contains text explaining that ODH will review for approval and that users should select the 'Submit Another Amendment' button or the 'Home' link. A red arrow points from the 'Home' link in the header to the 'Submit Another Amendment' button, and another red arrow points from the 'Submit Another Amendment' button to the 'Home' link. An orange box on the right side of the screenshot contains the text: 'If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your facility's name.'

Correction of Facility Name as identified with Federal Tax Number

ODH will review for approval before becoming effective. A confirmation message will be provided after the submittal of each amendment which you should print out and keep for your reference.

From: xray
Sent: Wed
To: Gatewa
Subject: X-

Facility Name corrections are not immediate and may take two to four business days to process. You will receive a confirmation e-mail once the amendment has been approved or denied.

You will want to print a new certificate once the change has been approved.

This email is generated automatically; DO NOT REPLY as you will not get a response back.

Facility Name: FACILITY NAME

Registration Number:

REGISTRATION NUMBER

The online x-ray registration amendment to correct your facility's name as identified with your Federal Tax identification number has been approved.

If you have questions regarding this e-mail, please contact our office at 614.995.4727 or visit our web site for additional information. <http://www.odh.ohio.gov/odhprograms/rp/registration/registration.aspx>

Thank you,
X-ray Registration
Office of Health Assurance and Licensing
Ohio Department of Health

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If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your facility's name.