

Change Responsible Officer of the company/facility

To correct Responsible Officer name, the following **two** items are required:

- Letter on company letterhead signed by a Responsible Officer of the company requesting the change, stating your company's new responsible officer's name and title.
- Scan/Upload capability or electronic file of letter to complete the request.

Select the Amend button

Apply for a New Registration

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

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 Responsible Officer

THIS IS NOT A CHANGE FOR INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION (IRRP)

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Ohio Department of Health X-Ray Registration and Inspection

Instructions Home Logout

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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.)

Self-Approved Amendments

- Add tubes or update mailing/billing address or phone/fax numbers
- IRRP change (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.

Select the small circle in front of Responsible Officer Change (not an IRRP change)

Allow the record to open in edit mode

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Amendments

Enter the corrected information, select the letter to be uploaded, enter comments if applicable, and then 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

Back

To correct Responsible Officer name, the following letter is required for upload:

- An electronic file of a Letter on Company letterhead signed by a Responsible Officer requesting the change

* Enter Responsible Officer correction:

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

 Browse...

Comments (Maximum of 160 characters):

Submit

Enter the name of the new Responsible Officer

Select "Browse" and upload your letter

Enter any necessary comments

Select "Submit"

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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 website. The page features a purple header with the ODH logo and navigation links for 'Instructions', 'Home', and 'Logout'. A red arrow points from the 'Home' link in the header to the 'Submit Another Amendment' button on the main content area. The main content area contains a confirmation message: 'Congratulations! You have successfully submitted your amendment. 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'. To the left of the main content area, there is a sidebar with the text 'Apply for a New Registration' and 'If you have any questions, please contact ODH at (614) 995-4727'. At the bottom of the main content area, there is a thank you message from the X-ray Registration Office of Health Assurance and Licensing, Ohio Department of Health.

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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. Responsible Officer 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.

From: xr
Sent: We
To: Gate
Subject: X-ray Registration Amendment 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 change your facility's Responsible Officer 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

This e-mail is intended for the sole use of the intended recipient and may contain privileged, sensitive, or protected health information. If you are not the intended recipient, be advised that the unauthorized use, disclosure, copying, distribution, or action taken in reliance on the contents of this communication is prohibited. If you have received this e-mail in error, please notify the sender via telephone or return e-mail and immediately delete this e-mail

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