

Ohio Department of Health • Bureau of Radiation Protection

APPLICATION for Registration of Radiation-Generating Equipment

FOR OHIO DEPARTMENT OF HEALTH USE ONLY

A non-refundable check or money order shall be made payable to: Treasurer, State of Ohio, for the amount of two hundred sixty two dollars (\$262.00).

The Application, including check or money order, shall be sent to the Ohio Department of Health, attn: Revenue Processing Section, PO Box 15278, Columbus, OH 43215-0278.

If you need assistance completing registration forms, call 614.644.2727, X-ray Registration.

PLEASE TYPE OR PRINT CLEARLY

Registrant name <i>(Must match Federal Tax ID on record with IRS)</i>		
Federal Tax ID (FTI) <i>Must be included</i>		SSN (only if no FTI is available)
Phone ()	Ext	Fax ()

Mailing address *Letter and Certificates*

Street address			
City	State	ZIP	County

Billing address *Invoices*

Same as mailing address <input type="checkbox"/>	Billing name or DBA name		
	Phone ()	Ext	Fax ()
	Street address		
	City	State	ZIP

X-Ray source location *Current address where radiation-generating equipment is located*

Same as mailing address <input type="checkbox"/>	Source location name or DBA name			
	Phone ()	Ext	Fax ()	
Same as billing address <input type="checkbox"/>	Street address			
	City	State	ZIP	County

Individual Responsible for Radiation Protection

Name	Email
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Applicant category *Select only one*

1. <input type="checkbox"/> Chiropractic Office	6. <input type="checkbox"/> Mobile Health Care Serv.	11. <input type="checkbox"/> Government Agency	16. <input type="checkbox"/> Correctional Facility
2. <input type="checkbox"/> Dental Office	7. <input type="checkbox"/> Registered Hospital	12. <input type="checkbox"/> Assembler / Maintainer	17. <input type="checkbox"/> Public Utility
3. <input type="checkbox"/> Physicians Office	8. <input type="checkbox"/> Non-Registered Hospital	13. <input type="checkbox"/> Corporate Office	18. <input type="checkbox"/> Engineer / Contractor
4. <input type="checkbox"/> Podiatry Office	9. <input type="checkbox"/> Educational Institution	14. <input type="checkbox"/> Manufacturer	19. <input type="checkbox"/> Transportation Company
5. <input type="checkbox"/> Veterinary Office	10. <input type="checkbox"/> Clinic / Imaging Center	15. <input type="checkbox"/> Laboratory / Testing / R&D	20. <input type="checkbox"/> Other _____

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Radiation Sources (x-ray tubes)

	Number Operable	Number Inoperable		Number Operable	Number Inoperable
Medical			Veterinary		
M1 Radiographic (Stationary)	()	()	V1 Radiographic (Stationary)	()	()
M2 Radiographic (Mobile)	()	()	V2 Dental	()	()
M3 Bone Densitometry	()	()	V3 C.T. (Computerized Tomography)	()	()
M4 C.T. (Computerized Tomography)	()	()	V4 Fluoroscopic	()	()
M5 Mammography	()	()	V5 Therapy Operates at 1 MV and above (Linear Accelerator)	()	()
M6 Stereotactic Biopsy	()	()	V6 Radiographic (Mobile)	()	()
M7 Fluoroscopic: Under Table	()	()	Non-Medical – Analytical		
M8 Fluoroscopic: Above Table	()	()	R1 Gauging	()	()
M9 Fluoroscopic: C-Arm (Stationary)	()	()	R2 Electron Microscope/ Photoelectronic Spectrometer	()	()
M10 Fluoroscopic: C-Arm (Mobile)	()	()	R3 Open Beam Analytical	()	()
M11 Fluoroscopic: C-Arm (Miniature)	()	()	R4 Closed Beam Analytical (Examples: Diffraction, fluorescence spectrometer, auger microprobe, luminescope, particle analyzer)	()	()
M12 Fluoroscopic: Lateral	()	()	R5 Hand-held Analytical	()	()
Dental			Non-Medical – Radiography and Irradiation Devices		
D1 Intraoral	()	()	S1 Particle Accelerator	()	()
D2 Panorol	()	()	S2 Bomb Detector	()	()
D3 Extraoral other than Panorol	()	()	S3 Enclosed System designed to exclude admittance of individual or their extremities. () () (Examples: Baggage, cabinet fluoroscopic, cabinet irradiation, cabinet radiographic-fluoroscopic, cabinet ion beam device)		
D4 Extraoral with Intraoral	()	()	S4 Enclosed System designed to allow admittance of individual () () (Examples: Radiographic, CT, fluoroscopic, tomography)		
D5 Extraoral with Panorol	()	()	S5 Radiographic () () (Examples: Non-enclosed unit or temporary job site)		
D6 Dental CT	()	()	S6 C-Arm Miniature () ()		
D7 Hand-held Dental	()	()	Miscellaneous		
Therapy			E70 Tube Only ()		
T1 Operates below 250 kVp	()	()			
T2 Operates at or above 250 kVp and less than 1 MV	()	()			
T3 Operates at 1 MV and above (Linear Accelerator)	()	()			
T4 Simulator: C.T.	()	()			
T5 Simulator: Radiographic	()	()			
T6 Simulator: Fluoroscopic	()	()			

Signature (If an organization, signature of responsible officer) *Signature and date required for processing*

Signature	Date (mm/dd/yy)
Printed Name	Title

Completion of this form is required by Ohio Revised Code Section 3748.06 (Failure to apply may result in civil or criminal penalties).

HOSPITAL CATEGORY "07" ONLY

Identification of **Hospital Certified Radiation Experts (CRE)** (List one name per category and complete all categories).

Registered hospitals are required to complete the information below.

Diagnostic CRE *other than mammography*

Last name	First name	MI	CRE#	Expiration date

Mammography CRE

Last name	First name	MI	CRE#	Expiration date

Therapeutic CRE

Last name	First name	MI	CRE#	Expiration date