

Ohio Department of Health

Application for Self Referral Screening Utilizing Radiation Generating Equipment

Rule 3701:1-66-02 (C) of the Ohio Administrative Code

A. Facility identification

Name	
Ohio Radiation Source Handler registration no.	HCF license no. (if applicable)
Address (location where screening is conducted)	

B. Proposed screening type

Description of disease or condition

C. Population to be examined

Age	Sex
Physical condition	

Other	

D. Provide evaluations of known alternative screening methods not involving ionizing radiation that could achieve the goals of the proposed screening program. Indicate why these methods are not used in preference to an x-ray examination

E. Provide a description of your X-ray Quality Assurance Program with specific reference to image quality control

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F. Attach copies of the following

Technique Chart for the x-ray examination procedures to be used

Qualifications of individuals operating the x-ray equipment

ARRT Certification Medical License Ohio Radiographer License

For bone densitometry, documentation of the method used to inform the patient that bone densitometry is a type of x-ray procedure.

Other (*specify*)

Name and qualification of the individual proposing the screening (must be a physician) <hr/> <hr/>
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Attach copies of **licenses and certifications** as applicable.

Qualifications of the individuals supervising the x-ray equipment operators.

<input type="checkbox"/> License #	<input type="checkbox"/> Certification#
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Include a description of the **extent of supervision**, and the method used to evaluate work performance.

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G. Name and address of individuals interpreting the radiographs

1. <hr/> <hr/>

3. <hr/> <hr/>

2. <hr/> <hr/>

4. <hr/> <hr/>

H. Provide a description of the procedure used to notify the individual screened and his/her physician of the results of the screening procedure, and any recommendations made by the screening facility or interpreting physicians

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I. Provide a description of the retention and/or disposition of the radiographs, the accompanying reports, and any other records pertaining to the screening procedure

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Submitted by:

Typed name and title	
Signature	
Contact telephone number	Date

Return application to:

Ohio Department of Health
Bureau of Radiation Protection
Radiologic Technology Section
35 East Chestnut Street
P.O. Box 118
Columbus, Ohio 43216-0118