

# Change Facility's Category Type – Step one

To correct Facility's category type, the following **two** items are required:

- A letter on company letterhead signed by either the IRRP (Individual Responsible for Radiation Protection) or a Responsible Officer of your company requesting the category change by explaining the function of your business
- 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@bodontist.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) 844-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 844-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 844-2727 Ext: 1111 Fax: (614) 466-0381

**Radiation Sources**

Total # of X-ray Tubes	Inoperable X-ray Tubes Registered
2	0
	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 the facility category type.

# Change Facility's Category Type – Step two

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of the facility category type.

Select the small circle in front Facility Type Change  
Allow the record to open in edit mode

The screenshot shows a web application interface for facility registration. At the top right, there are links for 'Instructions', 'Home', and 'Logout'. Below this is a purple header with the text 'Apply for a New Registration'. The main content area is titled 'Online Amendment Instructions'. It contains several sections: 'Self-Approved Amendments' with radio buttons for 'Add tubes or update mailing/billing address or phone/fax numbers', 'IRRP change (Form HEA5526)', and 'Facility move (Form HEA0152)'; 'ODH-Approved Amendments' with a sub-instruction to 'Select one of the amendment types below to reduce tube count or make corrections to your record.' and radio buttons for 'Tube reduction', 'Facility name correction', 'Tax identification number correction', 'Responsible officer change (not IRRP change)', and 'Facility type change'. A red arrow points from the text box on the left to the 'Facility type change' radio button. At the bottom, there is a paragraph about error corrections: '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.'

# Change Facility's Category Type – Step three

ODH - X-ray Registration a... x

File Edit View Favorites Tools Help

Home Read mail Print Edit Copy Paste Cut Save as... Page Safety Tools >>

**Ohio Department of Health** X-Ray Registration and Inspection

Apply for a New Registration  
If you have any questions, please contact ODH at (614) 995-4727

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 facility category type, the following letter is required for upload:

- An electronic file of a Letter on Company letterhead signed by either the IRRP (Individual Responsible for Radiation Protection) or a Responsible Officer of the company requesting the category change by explaining the function of your business

\* Select Category correction:

Browse...

Comments (Maximum of 160 characters):

Submit

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of the facility category type.

Select the new category

Select "Browse" and upload your letter

Enter any necessary comments

Select "Submit"

# Change Facility's Category Type – Step four

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 website. The browser's address bar shows the URL. The website header includes the ODH logo and the text "Ohio Department of Health X-Ray Registration and Inspection". A navigation bar contains links for "Instructions", "Home", and "Logout". The main content area features a purple sidebar on the left with the text "Apply for a New Registration" and "If you have any questions, please contact ODH at (614) 995-4727". The central white 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". A red arrow points from the "Home" link in the navigation bar to the "Submit Another Amendment" button. Another red arrow points from the "Submit Another Amendment" button to the "Home" link in the navigation bar.

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of the facility category type.

# Change Facility's Category Type

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.

Facility Category 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.

**From:** x  
**Sent:** W  
**To:** Gat  
**Subject:**

**This email contains:**  
Facility Name: FACILITY NAME  
Registration Number:

REGISTRATION NUMBER

The online X-ray registration amendment to change your facility's category 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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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

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of the facility category type.