

# Apply for New Registration - Step one

Log into the ODH Gateway to begin the application process

Prod  
Build: 20120229  
V 3.1

Ohio.gov | Department of Health

### ODH Application Gateway

**Login:**

Welcome to the Ohio Department of Health's (ODH) Application Gateway. This Gateway is provided to allow a single point of access to all ODH applications.

Please enter your identity information on the right and click on the "Login" button to access your applications.

\* User name:

\* Password:

Login

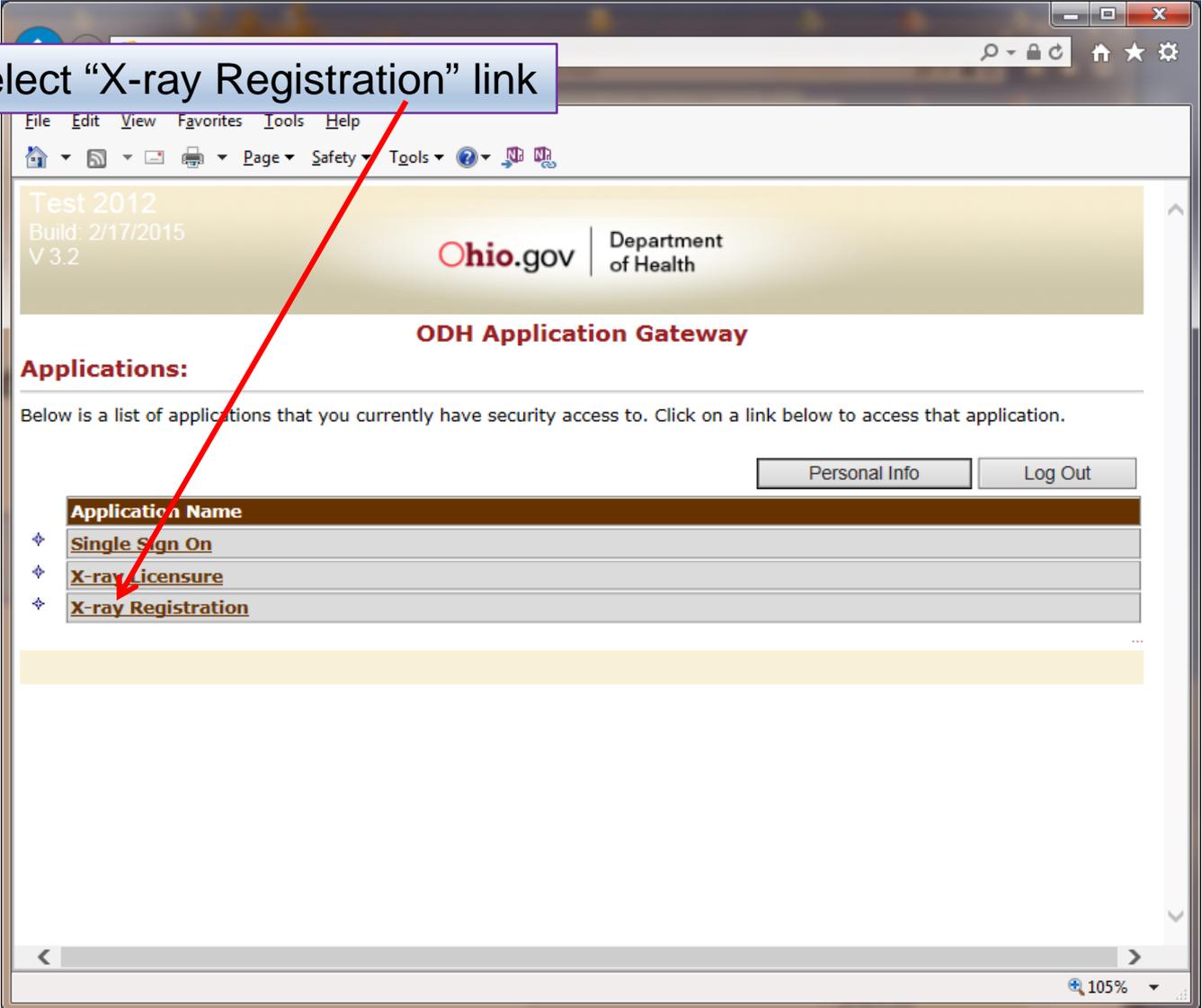
[I forgot my password](#)

[I forgot my user name](#)

\* Indicates required field

# Apply for New Registration - Step two

Select "X-ray Registration" link



Test 2012  
Build: 2/17/2015  
V 3.2

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**ODH Application Gateway**

**Applications:**

Below is a list of applications that you currently have security access to. Click on a link below to access that application.

Personal Info Log Out

Application Name
<a href="#">Single Sign On</a>
<a href="#">X-ray Licensure</a>
<a href="#">X-ray Registration</a>

105%

# Apply for New Registration - Step three

Select the "Apply for a New Registration" link to begin the application process

The screenshot shows a web browser window displaying the Ohio Department of Health's X-Ray Registration and Inspection System. The page features a purple header with the ODH logo and navigation links for 'Instructions', 'Home', and 'Logout'. A left sidebar contains a link for 'Apply for a New Registration' and contact information for ODH. The main content area displays a 'Welcome to the X-ray Registration and Inspection System' message and a search box for registrants, which currently shows 'No Facility Records found.' A red arrow points from a callout box to the 'Apply for a New Registration' link.

# Apply for New Registration - Step four

It may be helpful to print out this online instruction page for reference during the application process.

If adding additional equipment to your registration, a new application is not required.

Registrations are not transferrable.

Ohio Department of Health X-Ray Registration and Inspection

[Instructions](#) [Home](#) [Logout](#)

Apply for a New Registration

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

### Online new application instructions

Before you click the "Start" button below, please print this page of instructions to help guide you through the application process. If you need assistance, please contact the X-ray Registration program at [xrayreg@odh.ohio.gov](mailto:xrayreg@odh.ohio.gov) or call 614.995.4727.

1. Have the following required items/information available before you begin applying:
  - IRS Tax Identification Verification 147C letter (Only IRS verification letters will be accepted. If you do not have an IRS verification letter, you may call 1-800-829-4933 and request the IRS to immediately fax your verification letter.)
  - Credit Card or Electronic Check
  - Exact type and number of x-ray tubes
2. Verify that your facility is not already registered. If x-ray equipment is already registered at the particular site to you ..... STOP, and check ..... because if it is registered, it may simply require an amendment be completed online. If you are not sure, please contact the X-ray Registration program at [xrayreg@odh.ohio.gov](mailto:xrayreg@odh.ohio.gov) or call 614.995.4727 for assistance.
3. To begin the application process, click the "Start button below.

**You should not begin the application process until you**

- **have these three bulleted items available,**
- **can devote ten continuous, uninterrupted minutes to complete this process.**
- **If you stop during this process, you can be "timed-out" and you will have to begin the entire process again from the beginning.**

# Apply for New Registration - Step five

**NOTE: Assembler/Installer (Category 12) do not need to list any EQUIPMENT**

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

**New Application**  
Enter the information about the facility and then click Apply.

**Public Facility Identification**

\* Facility Name:   
\* Facility Type:   
\* Federal Tax ID (FTI):  \* SSN (only if no FTI is available):   
(ex. 112223333) (ex. 111223333)

**Individual Responsible for Radiation Protection**

\* Name:   
\* Email:

**Mailing Address (For Letters and Certificates only)**

\* Phone:    Ext.  Fax:    
\* Street Address 1:   
Street Address 2:   
\* City:   
\* State: Ohio \* Zip:  County:

**Non-Medical - Radiographic & Irradiation Devices**

Tube Code	Description	Number Operable	Number In-Operable
R3	Open Beam Analytical	<input type="text"/>	<input type="text"/>
R4	Closed Beam Analytical	<input type="text"/>	<input type="text"/>
R5	Hand-held Analytical	<input type="text"/>	<input type="text"/>
S1	Particle Accelerator	<input type="text"/>	<input type="text"/>
S2	Bomb Detection Unit	<input type="text"/>	<input type="text"/>
S3	Enclosed System (Exclude Admittance)	<input type="text"/>	<input type="text"/>
S4	Enclosed System ( Allows Admittance)	<input type="text"/>	<input type="text"/>
S5	Radiographic (non-enclosed or Temp. job site)	<input type="text"/>	<input type="text"/>
S6	C-arm (Mini)	<input type="text"/>	<input type="text"/>
S7	Particle Accelerator <250 kVp	<input type="text"/>	<input type="text"/>

**Miscellaneous**

Tube Code	Description	Number In-Operable
E70	Tube Only	<input type="text"/>

**Responsible Officer**

\* Name of the Responsible Officer:  \* Title of the Responsible Officer:

Enter information and select **APPLY** when all fields have been completed.

# Apply for New Registration - Step six

1. Browse your computer to make the tax letter file name appear in the Browse window.
  2. Select Upload
- After you receive confirmation of a successful upload
3. Select Make Payment button

Ohio Department of Health X-Ray Registration and Inspection

[Instructions](#) [Home](#) [Logout](#)

Apply for a New Registration

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

**Upload 147C Letter**

To upload your 147C Letter click Browse, select the file to be attached, and then click on Upload. After uploading the document, click on the 'Make Payment' button.

IRS 147C, CP 575 or SS-4 tax identification verification letter are accepted. If you do not have official IRS tax identification verification available, 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 will take 1-2 minutes (W-9s WILL NOT BE ACCEPTED. Only official communication from the IRS will be accepted.)

# Apply for New Registration - Step seven

Enter credit card or electronic check information into all fields

You will receive confirmation from the payment center once your payment has been accepted.

Successful application submittal message from Registration

## Confirmation page

Congratulations! You have successfully submitted your application and payment.

Please keep this confirmation number available for your reference: 1234567...

The Registration Program staff will review the documentation provided within two to three business days. Once your application has been approved, you will receive a confirming e-mail with your X-ray Registration number.

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

# Apply for New Registration - Step eight

Work through any remaining application steps until you receive confirmation that your application was accepted by the Ohio Department of Health..

You will receive an additional confirming e-mail from [xrayreg@odh.ohio.gov](mailto:xrayreg@odh.ohio.gov) once your online application has been reviewed and approved.

24 hours after e-mail notification, you should log onto the ODH Gateway and print a new certificate to be posted at your facility. You may need to call to get the last three digits of your registration number.

Call the Ohio Department of Health, X-ray Registration 614.995.4727 for any questions or help registering your new facility.

Subject: X-ray Registration Application Approved

...ion application for the facility listed below has been approved.

...n can be printed one business day after this confirmation e-mail. An inspection ...e next year to determine if your facility is compliant with all applicable rules.

Registration Number

Facility name

Address

City State Zip

If you have any 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/xrayequipment.aspx>

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ortant Information can be found on the Ohio Department of Health's Website:  
[h.ohio.gov/odhPrograms/rp/registration/reqguide.aspx](http://www.odh.ohio.gov/odhPrograms/rp/registration/reqguide.aspx)

ges to your registration information must be submitted to ODH within **15 days of the change**.  
to Employees" document must be posted in a place where everyone could easily see it at your facility.  
of Ohio Administrative Code rules in Chapter 3701-38 must be available at each facility.  
ory Guides are available to help you establish the development of your Quality Assurance Program. All  
n handlers must have a quality assurance (QA) program developed applicable to their type and use of X-ray  
ent.  
aken on human beings require that the operator be a licensed practitioner or an Ohio licensed operator.  
tion regarding radiologic licensing including applications also can be found at the ODH Website under "ODH  
s RLIC." The "Radiologic License Rules" can be found in Chapter 3701-72 (OAC).  
seeking a license to practice as a dental X-ray machine operator must apply for a license directly with the  
ental Board.

sed that "**handling**" X-ray equipment as defined in Ohio Revised Code 3748.01(I) means any of the  
iving, possessing, using, storing, transferring, installing, servicing, or disposing of such equipment, unless  
solely for the purpose of transportation.

Please note that registration of Radiation Generating Equipment (RGE) remains a requirement of the facility and the responsibilities required by OAC Rule 3701:1-38-03.