

Radiology Compliance Branch
RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Business Application Form Instructions

Registration is required within 30 days following initial operation of the facility and each X-Ray unit. X-Ray units installed in separate buildings, in vehicles, under a different roof, or under different administrative control require separate registration. In addition, updated forms (Business Application Form, X-ray Equipment Forms, Delete Equipment Forms) are required whenever changes occur to the information that would render this application or your Notice of Registration no longer accurate.

An incomplete application cannot be processed. Forms submitted require a signature and date.

Purpose of This Application Request: Place X in the box beside the purpose of this application you have requested. The choices are:

- **New facility registration** (this facility never registered before).
 - Enter tentative opening date for this new facility with X-ray equipment operational.
 - Must submit business application and equipment pages to list all X-ray equipment “active” or as “not in use.”
- **Change of ownership** occurs when a business is sold to another owner, or a different administration control occurs.
 - The ***new owner*** must submit a business application.
 - Enter the name of the previous owner and previous owner’s state X-ray registration number on the business application.
 - Check “Yes” if X-ray units were added or deleted upon acquisition of facility.
 - You must submit secondary equipment pages to list all X-ray equipment purchased at this location and the status of X-ray equipment is “active” or “not in use.”
 - Complete delete X-ray Equipment Form for any X-ray equipment that has been removed/ disposed at this location.
 - Check box “NO” if all X-ray equipment from previous owner was purchased and remains in same location and with same status “active” or “not in use.”
 - The ***previous owner*** must submit a statement to Radiation Protection stating the transfer occurred and complete the delete equipment form to identify disposition of each piece of equipment. ***The previous owner’s application will remain active, invoiced and billed until all equipment is accounted for as being sold or disposed.***
- **Existing registrant Moves to New Physical Location**
 - Enter your current state X-ray registration number.
 - Must submit the Business Application page.
 - Must submit X-ray Equipment forms to update changes to the X-ray equipment at the new location.
 - Must submit Deleted Equipment Form for any X-ray Equipment that has been removed/disposed at either location. ***All X-ray equipment will remain active, invoiced and billed until the disposition of each piece of X-ray equipment is accounted for in the transfer to the new location.***
- **Existing registrant updates only**
 - Enter your current state X-ray registration number.
 - Updates to the Business Application Page only, click the sections updated and enter that information.
 - Updates to existing equipment:
 - Must submit X-ray Equipment forms to update changes to the X-ray equipment at the new location.
 - Must submit Deleted Equipment Form for any X-ray Equipment that has been removed/disposed at either location.

State of North Carolina | Division of Health Service Regulation | Radiation Protection Section | Radiology Compliance Branch
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Section 1. Business Information:

- List the legal business name, name of the on-site contact, and the facility physical address the X-ray equipment is located. **Note: equipment installed in separate buildings, in vehicles, under a different roof, or under different administrative control requires separate registration.**
- Enter the business days of operation, normal business hours and times closed.
- Check box beside type of business using this X-ray equipment.
- Check box to select government status as either local or state government.
- Check Mobile facility if **all** equipment on this registration is used as mobile (truck, van, used at other practices or locations.)

Section 2. Financial Owner/ Corporate Officer: This is the “most responsible financial owner” such as a Physician, CEO, or the Corporate Financial Officer.

- List the corporate name, name of the most responsible corporate office, their position title, their mailing address, phone number and work email. **Please make sure letters and numbers are clear in the email address and mailing address.**
- Check preferred mailing address **only if you are the contact at this mailing address** for registration questions, and business information.
- Check boxes to identify the type of corporate ownership for this business.

Section 3. Business Manager: This is the “responsible person such as the director of imaging, manager or office administrator,” who performs on-site general operations and daily management. This includes staffing, acquiring repairs or purchases of X-ray equipment, acquiring service providers or qualified experts to perform services on X-ray equipment.

- Check if this is the same person as the Financial Owner. If same as, go to section three. If different from the Financial Owner, complete this section, as follows.
- List the name of the manager, their position title, their mailing address, phone number and work email. **Please make sure letters and numbers are clear in the email address and mailing address.**
- Check preferred mailing address **only if this is your designated contact and mailing address** to receive application and business information.

Section 4. Individual Responsible for Radiation Protection / Radiation Safety Officer: This is the “responsible person designated for daily radiation protection in this facility.”

- Check if this is the same person as the Financial Owner. If the same, go to next section. If different from the Financial Owner, complete this section, as follows.
- List the name of the radiation safety officer, their position title, their mailing address, phone number and work email. **Please make sure letters and numbers are clear in the email address and mailing address**
- Check preferred mailing contact **only if this is your designated contact and mailing address** to receive application and business information.
- Experience and training for radiation safety officer must be available for agency review upon request and available at the time of inspection.

Section 5. Invoice Contact: This is the “responsible person for receiving the annual invoice and who will ensure payment is made for this invoice.”

- Check if this is the same person as one listed above in either section two, three or four above. If you selected from a person above, you may go to next section. If choosing a different invoice contact from those listed above, complete this section, as follows.
- List the name of the contact, their position title, the invoice /paying mailing address, phone number and work email. **Please make sure letters and numbers are clear in the email address and mailing address.**

Section 6. X-ray Facilities Only: Facilities/Practices with X-ray Equipment

Select appropriate statement below; then skip to Section 8

Choose the statement that describes how you use the X-ray Equipment on this application. (Sole facility/practice Use or Multiple Facility/Practices Use (leasing equipment in this practice)).

- Check “Non/Applicable” because you are the sole user of the X-ray equipment on this registration.
- Check “Yes” if you use this equipment and allow another practice/lessee and their staff the use of your X-ray equipment; and **you are taking responsibility** for the inspection compliance, radiation protection and registration fees of both your practice and the other one(s).
- Check “Yes” if you use this equipment and allow another practice/lessee and their staff the use of your X-ray equipment; and **you are NOT taking responsibility** for the inspection compliance, radiation protection and registration fees of the other practice. You are solely responsible for your practice only.
 - List the contact information for these other practices using your equipment. Other practices are required to be registered separately with the agency.

Section 7. Service Provider Company Only: Includes companies who are in the business of offering or furnishing services such as (leasing, using, transporting, shipping, training or demonstration of mobile or portable X-ray equipment); for use in North Carolina. Select appropriate statement below; then go to Section 8.

Choose the statement that describes if or how you use the X-ray Equipment on this service provider application. (Sole facility Use or Multiple Facility Uses (leasing equipment or services)).

- Check “I do not have equipment installed or used in at this business location.”
- Check “I have X-ray equipment used at this business location for training or demonstration purposes.”
- Check “I do not have X-ray equipment used by other practices, lessee or companies.”
- Check “Yes” I have equipment used by other practices, lessee or companies; and **I do take responsibility** for the inspection compliance, radiation protection and registration fees.
- Check “Yes” I have equipment used by other practices, lessee or companies; and **I do not take responsibility** for the inspection compliance, radiation protection and registration fees. This requires separate registrations for each person using this equipment.

If this business is acting as a lessor or doing equipment demonstrations, complete an “X-ray Equipment Location Form”. If *mobile equipment is coming from out of state, or for in and out of state leased equipment, and for in and out of state equipment demonstration and training* form must be submitted to the agency **5 days** before entering North Carolina and initiation of any work. Submit this form to XrayService@dhhs.nc.gov

Section 8. Legal Owner or Radiation Protection Representative Signee:

- Date, name and signature are required for this page. Electronic Signatures are acceptable.
- Do not skip sections of this business application. Unsigned applications delay processing of your application.

Section 9. Application Form Submission an Instructions:

- Refer back to top of Business Application “Purpose of Applications” to ensure you have submitted all necessary forms for the type of application you are submitting.
 - X-ray Facilities submit (Business Application, X-ray Equipment Forms, Delete X-ray Equipment Forms)
 - Service Provider Companies submit (Business Application, Company Services, Employee Pages, X-ray Equipment Forms if using or leasing X-ray equipment)
- Incomplete applications with missing documents or an authorized signature and date cannot be processed.

Submission of Application: Preferred method is e-mail to: XrayNORS@dhhs.nc.gov In your subject line include name of the facility, if registered include your **state registration number**. We do not accept fax transmissions.

Or mail to: **N.C. Radiation Protection,
5505 Creedmoor Road, Suite 100
1645 MSC
Raleigh, NC 27699-1600.**

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