

HOW TO REGISTER OR UPDATE REGISTRATION INFORMATION

X-Ray facility registrations and updates send to XrayNORS@dhhs.nc.gov

Service Provide applications and updates send to XrayService@dhhs.nc.gov

Billing and Invoicing Questions send to RSPPayments@dhhs.nc.gov or leave voice message at 919-814-2274

REGISTER X-RAY FACILITY Separate registrations are required for EACH location when equipment is installed within one building, vehicle, under one roof, and are under the same administrative control.” <div style="text-align: center;"></div> <p style="text-align: center;">Complete, Sign, Date *Business Application Form * Equipment Form(s)</p>	<p style="text-align: center;">UPDATE X-RAY EQUIPMENT</p> <div style="text-align: center;"></div> <p style="text-align: center;">Complete Equipment Forms or Delete X-ray Equipment Form</p>	<p style="text-align: center;">UPDATE BUSINESS or CONTACT INFORMATION</p> <div style="text-align: center;"></div> <p style="text-align: center;">Complete Business Application Form</p>	REGISTER A SERVICE COMPANY <div style="text-align: center;"></div> <p style="text-align: center;">Complete, Sign, Date *Business Application Form *Company Services Form *Employee Services Form</p>	REGISTER A SERVICE COMPANY WITH OTHER SERVICES; Leasing Company, Training & Demo Equipment, Mobile Equipment <div style="text-align: center;"></div> <p style="text-align: center;">Complete, Sign, Date *Business Application Form *Company Services Form *Employee Services Form *Equipment Form(s)</p>
CLOSE A FACILITY <div style="text-align: center;"></div> <p style="text-align: center;">Submit E-mail to XrayNORS@dhhs.nc.gov and Complete Delete X-ray Equipment Form(s)</p>				

N.C. X-RAY APPLICATION FORMS

[Business Application Form](#)

Completed by X-ray Registrants, Service Providers and Companies

X-Ray FACILITY EQUIPMENT FORMS

[Healing Arts Form](#)

Medical, Physicians, Dental, Podiatry, Chiropractic, Veterinary

[Non-Healing Arts Form](#)

Industrial Radiography, Analytical or Research

[Mammography Form](#)

[Therapy Form](#)

[Delete Equipment Form](#)

OUT OF STATE X-RAY MOBILE REPORTING FORM

[X-ray Equipment Location Form](#)

Required five days before an out of state mobile enters North Carolina

SERVICE PROVIDER COMPANY FORMS

Service Provider complete [Business Application](#) and following applicable forms

[Company Services Form](#)

[Employee Services Form](#)

Service Provider Additional Reporting Forms for Services or Equipment Provided in N.C.

[Report of Install](#)

[Disposal /Transfer Equipment Form](#)

[X-ray Equipment Location Form](#) [Leasing Company, Out of State Mobiles, In/Out of State Training and Demonstrations](#)

Required five days before entering and/or providing services in N.C.