

# Company Services Form

Each person engaged in the business of installing or offering to install radiation machines and machine components or in engaged in the business of furnishing or offering to furnish any equipment services listed in **10A NCAC 15 .0205(d)** in this state is required to apply for registration.

**1. BUSINESS INFORMATION:** A completed Business Application & Company Services Page is required for **EACH branch/field office** registering in NC.

Check the box if the company would like to be listed on the NC Service Provider List available to the public

<b>REGISTRATION #:</b> (REQUIRED if already registered)		<b>Physical Address</b>	
<b>Business Name</b>		<b>City / State / Zip</b>	

To register or update, submit listed pages below and all requirements for each service class for the company and each employee registering to provide services to [XrayService@dhhs.nc.gov](mailto:XrayService@dhhs.nc.gov)

New Facility, Pending Registration Submit **Business Application Page, this document & and Employee Services Page** for new registrations

Change of Ownership Submit **Business Application Page, this document & and Employee Services Page** to update business information or services only

Currently Registered / New Location or Contact Updates Submit **Business Application Page**

Currently Registered & Update Employees Information Only Submit **Employee Services Page(s)** to update changes in employee status only

**2. Complete this section if doing business under another name (e.g. DBA), using a 3<sup>rd</sup> party, or outsourcing any services listed in 10A NCAC 15 .0205(d)**

**\*\*\*\*If supplying personnel dosimetry as a 3<sup>rd</sup> party, choose Class VIII below and submit Service Class requirements \*\*\*\***

<b>Select One (if applicable)</b>	<b>If other business has a license or registration #, list below</b>	<b>Business Name</b>		<b>Contact Name</b>	
<input type="checkbox"/> DBA	<input type="checkbox"/> Bio-Med Dept	<b>NC Registration#</b>		<b>Contact Phone</b>	
<input type="checkbox"/> 3 <sup>rd</sup> Party	<input type="checkbox"/> Outsourced	<b>NC License #</b>		<b>Contact E-mail</b>	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Shared Services	<b>Physical Address</b>			
		<b>City / State / Zip</b>			

### 3. COMPANY SERVICE CLASS:

Check <b>EACH</b> Class below the business is requesting for registration.	Class I		Class VIII		Class VI
	Sales	Lease Equipment	Demonstration	Personnel Dosimetry	Radiation Instrument Calibration
				Whole Body Extremity	
				Electronic (USB-Radiac)	

### 3b. MODALITIES:

Dental					
Intra-oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-Held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical					
Radiographic (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic (Chiropractic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic (Podiatry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary					
Radiographic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy					
Superficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Brachytherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kV Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Healing Arts					
Analytical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet Scanners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Credentials:** Submit the requirements outlined below for the applicable Service Class(s) the employee is requesting for registration.

#### CLASS I Sales [.0214(a)(1)]

The applicant must certify knowledge of familiarity with the rules, which govern the possession, installation and use of radiation machines in NC

#### CLASS VIII Personnel Dosimetry [.0214(a)(8)]

Submit copy of current National Voluntary Laboratory Accreditation Program (NVLAP) accreditation.

#### CLASS VI Radiation Instrument Calibration [.0214(a)(6)]

Submit copy of current radioactive materials license or registration authorizing radiation instrument calibration.

### 3c. OTHER:

If a Service Class or Modality is not mentioned, describe below

5. Signing below certifies the service provider applying for registration has read and understands the requirements of the rules.

**Class I** applicants are certifying knowledge of familiarity with the rules

which govern the possession, installation and use of radiation machines in NC

**THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN to CERTIFY ALL INFORMATION ON THIS APPLICATION IS ACCURATE & COMPLETE:**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ REV. 1/10/19