

Radiology Compliance Branch
RADIATION PROTECTION SECTION



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

Company Employee Services Form Instructions
For Service Providers

PART 1 OF 2

Section 1 Employee Information: (a separate page is required for each employee)

- Enter employee's name applying to provide services.
- Select box to indicate reason for request. (Add, remove or update employee's information.)
- Enter dates that employee started and if no longer there stopped working for this company.

Section 2 Business Information:

- Enter the business name for the company applying for this request.
- If a currently registered facility, enter your registration number listed on your Notice of Registration.
- Enter business name and address of company for whom the employee will perform services.
- Enter company contact phone and e-mail address submitting this request.

Section 3 Employee Service Class:

- For **each** class of service (Class II, III, IV, V, VII, IX) submit examples of reports provided to clients. Report samples should be same as what each employee (or company) will provide to clients for each modality.
 - Include supporting reports with each Employee Services Form.
 - Incomplete supporting documents will prevent qualification of the applicant
- Select all modalities (3b) associated with the classes selected in previous step; that your company plans for this employee to furnish services.
- Other (3c): If a Service Class or Modality is not listed in Section 2, please describe in detail.

Section 4. Radiation Output Measurements or Surveys:

- Submit verification of calibration for each unit.

Section 5. Equipment Used for Radiation Output Measurements or Surveys:

- List each unit used by this employee and/or
- Include that information along with (section 4 verification).

Section 6. Legal Owner or Radiation Protection Representative Signee:

- Date, name and signature are required for this page. Electronic Signatures are acceptable.
- **Unsigned and undated application will delay processing of your application.**

PART 2 OF 2

Section 7 Employee Information: (a separate page is required for each employee)

- Enter employee's name applying to provide services.
- Select box to indicate reason for request. (Add, remove or update employee's information.)
- Enter dates that employee started and if no longer there stopped working for this company.

Section 8 Employee Classification Information:

- Select box(s) to indicate that classification supporting documents have been attached for each service the employee will furnish to clients. Supporting documents should be submitted along with the Company Employee Services Form (Part 1 and Part 2)

State of North Carolina | Division of Health Service Regulation | Radiation Protection Section | Radiology Compliance Branch
NC DHHS is an equal opportunity employer and provider of services.

Section 9. Legal Owner or Radiation Protection Representative Signee:

- Date, name and signature are required for this page. Electronic Signatures are acceptable.
- **Unsigned and undated application will delay processing of your application.**

When is an Employee Services Form Required?

- **If registering initially or updating services furnished by employees; the Service Form is required.**
- **Separate pages are required for each employee.**
- **Updates are required *whenever changes occur to the information that would render this application or your Notice of Registration no longer accurate.***
- **X-ray equipment/facility 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.**

Submission of Application Forms:

Preferred method is e-mail to: XrayNORS@dhhs.nc.gov In the email subject line include name of the facility, if registered include your registration number.

Or mail to: **Radiation Protection, 5505 Creedmoor Road, 1645 MSC, Raleigh, NC 27699-1600.** We do not accept fax transmissions. Submit one transmission only, e-mail is preferred.