



## INSTRUCTIONS FOR X-RAY REGISTRATION

In accordance with the **Radiation Control Act, Chapter 31-13 of the Official Code of Georgia Annotated**, and the **Rules and Regulations for X-Ray, Chapter 290-5-22**, users of radiation machines are required to be registered with the Department prior to the operation of X-ray equipment in Georgia. Entities seeking to register are required to submit an X-ray application, affidavit, picture identification and a shielding design for each room with permanently installed X-ray equipment. Medical facilities seeking to register bone densitometers do not need to submit a shielding plan for that room. **The majority of non-medical/industrial facilities (with the exception of enclosed room installations) do not require a shielding plan.**

When the registering facility is required to submit a shielding plan, the Department will review the design and either approve or disapprove it and a letter will be sent notifying the facility of this status. If the design is not approved it will be returned to the facility for modification. Please note that the **X-ray Unit requires approximately 8 weeks to review shielding designs, so please mail these to the Department as soon as possible.** Shielding designs will not be reviewed until the application, affidavit, picture id and 300 dollar *initial* application fee is received.

Once the correct registration documents are received and approved; and the equipment installed **the Facility will need to schedule the initial inspection.** The Department may be able to schedule the onsite initial inspection of X-ray facilities other than fluoroscopy and accelerators; but scheduling may require a wait. If you wish to operate the X-ray equipment sooner, you may opt to have an individual qualified at § 290-5-22-.02(1) (d) and .02(4) to perform the initial inspection at your own expense. If you choose to schedule the inspection with a Qualified Expert, please send a copy of the inspection to this Department.

If a Registered Facility changes name, ownership or location they will be required to submit all of the documents again; and while registration is not transferable a previous shielding design for an existing facility may be submitted for the current facility's registration purposes, provided the x-ray room is the same configuration and structure as before and the equipment use is within previous specified conditions. Please document this when the shielding design is submitted.

**Be advised: Failure to register your X-ray machines in accordance with the regulations will cause you to be subject to civil money penalties not to exceed \$1, 0000 or denial of registration or both.**

Questions may be addressed by calling 404-657-5400.



## Georgia X-ray Registration

The anticipated time frame for reviewing submitted documents for X-ray Registration/use is approximately 8 weeks from receipt. Please review the initial check list (below) in order for a timely review. The shielding design (**not usually required for non-medical/industrial installations**) is a requirement for a newly registering Diagnostic facilities. The design will not be reviewed until we receive the completed application, affidavit, id and 300 dollar application fee. If there is a specific urgent need in the registration process, then a representative from the business/facility should contact the Department directly, explain the situation and submit follow up documentation regarding the circumstance.

### Our contact information is below:

State of Georgia, Healthcare Facility Regulation Division  
X-Ray Program  
2 Peachtree St; Suite 31.296  
Atlanta, Ga 30303  
Ofc: 404-657-5400

### State of Georgia Initial X-Ray Registration/ Change of Ownership Checklist

- Application: signed by responsible individual
- Affidavit for the same individual signing the application
- Picture id for individual signing the application
- Payment coupon and 300 dollar fee (one time unless you move, change names or ownership)

### The above 4 items need to be received before registration can be started.

Shielding design plan. This is for all medical installations except for bone densitometers. **Non-medical/industrial applications are not required to submit a shielding plan unless they have an enclosed room where the x-ray equipment is located.**

Initial survey of the equipment by either our staff or a qualified expert (as designated in our rules and regulations). List available upon request.

**Please note that if you would like to know when or if your documents have been received, sending them certified mail with return card is the best way. This card will be filled out, signed and sent back to your organization.**

**You are required to maintain copies of all documents submitted and received concerning registration per the Rules and Regulations.**

**Registration of a State X-Ray user/business is based on the facility being in compliance with the Rules and Regulations for X-rays Chapter 290-5-22.** These can be found by following the directions below.

1. Go to the Georgia Department of Community Health Website (<https://dch.georgia.gov>)
2. Select Divisions and Offices
3. Select Healthcare Facility Regulation
4. Scroll down to HFR Rules and Regulations
5. Select X-ray Rules and Regulation



APPLICATION FOR X-RAY REGISTRATION

A. Facility Name (OBA) Applicant. Address: Mailing Address: City: State Zip County: Telephone ( Email:

B. Registration type (check all that apply):

- ] A new Facility
] Relocation
] Apurchase of new equipment
] Update of information of previously registered facility
[ ] Other

C. Equipment type: (Indicate the number of machines in each category):

- 1 Dental Intraoral 7 Mammography 13 Particle Analyzer
2 Dental Cephalometric 8 C-Arm 14 Analytical
3 Dental Panoramic 9 Computerize Tomography 15 Cabinet X-ray
4 CBCT (Cone Beam CT) 10 Bone Densitometer 16 Open Beam X-ray
5 Radiographic 11 X-ray Therapeutic 17 Other
6 R & F Same Unit No of tubes 12 Therapeutic Accelerator

D. Please Check one in each Category:

1. Practice

2. Facility Category

- ] 1 Medical ] 6 Podiatry ] 1 Private Office ] 5 Education
] 2 Dental ] 7 Industrial ] 2 Hospital ] 6 Industrial
] 3 Chiropractic ] 8 Research ] 3 Clinic ] 7 Institutional
] 4 Osteopathy ] 9 Institution ] 4 Mobile ] 8 Specify
] 5 Veterinary ] 10 Other (Specify)

E. List all x-ray machines at the facility or in mobile van. Attach sheet for additional machine(s)

Manufacturer Model No. Serial No.

F. X-ray systems that have been disposed of: Manufacturer/Model/SN

G. For diagnostic facilities list at least one licensed practitioner(s) who will have the authority to prescribe x-rays. Please print.



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**Frank W. Berry, Commissioner**

*H.* Signature of responsible individual, authorized by the facility should be one of the following: a licensed practitioner, owner, administrator; and or radiation safety officer.

\_\_\_\_\_

\_\_\_\_\_  
*Applicant/Authorized Signature and Title*

DCH Use Only

\_\_\_\_\_  
*Print or type name*

*Date* \_\_\_\_\_

\_\_\_\_\_



## **X-Ray Registration Identification Information**

All applications for state licensure and registration submitted after March 1, 2006 will require a notarized personal identification affidavit (attached). As a part of the X-Ray Registration process, the Office needs a copy of the driver's license or passport for the individual signing the application form for registration. Be aware that an application form, affidavit and picture id need to be for the same person. This person should be the RSO (radiation safety officer), licensed practitioner, owner or administrator of the business/facility. If you still have questions, please call the Department at 404-657-5400. Thank you.

Please mail documents to:

Department of Community Health  
Healthcare Facility Regulation/ X-Ray Program  
2 Peachtree Street, NW. 31<sup>st</sup> floor  
Atlanta, GA 30303  
Attn.: X-ray Unit

Any questions concerning the requirements in this letter may be addressed by calling this Office at 404-657-5400.



**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]



- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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INSTRUCTIONS FOR COMPLETING AFFIDAVIT  
REQUIRED TO BECOME LICENSED

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.
2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)
3. Fill in the blanks on the Affidavit above the signature line only-BUT DO NOT SIGN THE AFFIDAVIT at this time. (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:
  - Option 1) is to be initialed by you if you are a United States citizen; or
  - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or
  - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.
4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.
5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.





6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.
7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.
8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.
9. Attach the ORIGINAL SIGNED AFFIDAVIT and a copy of the identification you presented to your application for licensure. **DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.**



O.C.G.A. § S0-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a license, permit or registration, as referenced in O.C.G.A. § 50-36-1, from the Department of Community Health, State of Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) I am a United States citizen.
2) I am a legal permanent resident of the United States.
3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in (city), (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF 20

NOTARY PUBLIC My Commission Expires:



### Shielding Design Specification Form

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Facility name: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(if different) \_\_\_\_\_

Telephone \_\_\_\_\_

County \_\_\_\_\_

Use of machine: \_\_\_\_\_

Room# \_\_\_\_\_

Maximum KVP setting normally used \_\_\_\_\_

Design Workload in Milliamp min/week \_\_\_\_\_

Maximum milliamp setting normally used \_\_\_\_\_

OR

Maximum number films/week anticipated \_\_\_\_\_

Maximum exposure time normally used \_\_\_\_\_

Projected opening date \_\_\_\_ \_

Barrier Designation	Distance from x-ray tube to barrier	Primary or Secondary Barrier	Identify Use of adjacent area outside this barrier	Controlled/ non-controlled area	Construction Material and thickness
Ceiling					
Floor					
Operator Barrier					
Wall					
Wall					
Wall					
Wall					



**Brian P. Kemp, Governor**

**Frank W. Berry, Commissioner**

Wall					
Wall					
Notes:					
Design Prepared by:				Date:	
				Ph:	



## INSTRUCTIONS FOR COMPLETING SHIELDING DESIGN SPECIFICATIONS

### **Before Starting the Specification form Look at Sample\_Drawing**

- (1) Prepare a scale drawing of your x-ray suite. Be sure to indicate locations of all doors and windows, operator's area; and darkroom, including film storage (if used).
- (2) Label all barriers alphabetically starting in the upper left corner of the room
- (3) Indicate the use of the adjacent area outside of the barrier.
- (4) The travel and traverse limits of the x-ray tube should be indicated, if applicable. Travel is defined as the long dimension of movement and traverse as the short dimension.

### **Complete the Shielding Design Specification Form(s):**

- (1) Complete applicant and facility information on the top portion of the form. Use one form for each room or x-ray machine.
- (2) Indicated the use of the machine (s). This would be the type of examination or treatment performed using the machine.
- (3) Design workload. State either the milliamp-minutes per week at 100 kVp or estimate the number of exposures that will be made during an average one week period.
- (4) Indicated maximum exposure time, kVp setting, and maximum milliamp setting anticipated under usual operating techniques.
- (5) Column 1. Barrier Designation: Fill in the barrier designations from you scale drawing.
- (6) Column 2. Distance from X-ray tube to barrier.
- (7) Column 3. Primary or secondary barrier.

Indicate whether the barrier is a primary of secondary radiation barrier. A primary barrier is defined as a barrier toward which the x-ray beam could be directed. All other barriers are secondary barriers.



(8) Column 4. Identify use of adjacent area outside this barrier.

(9) Column 5. Controlled or Non-controlled Area.

The areas outside the x-ray room are either controlled access areas or non-controlled access areas. A controlled area in which the exposure of persons to radiation is under the supervision of the radiation protection supervisor or licensed practitioner. This implies that the controlled area is one that requires control of access, occupancy and working conditions for radiation protection purposes. Any space not meeting this definition of a controlled area is a non-controlled area.

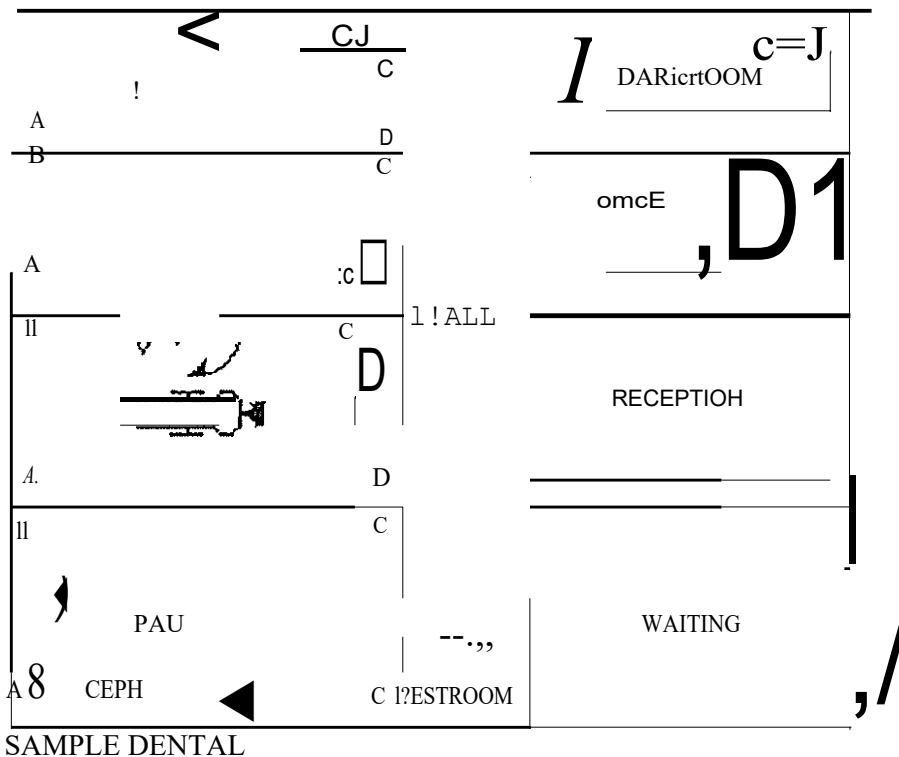
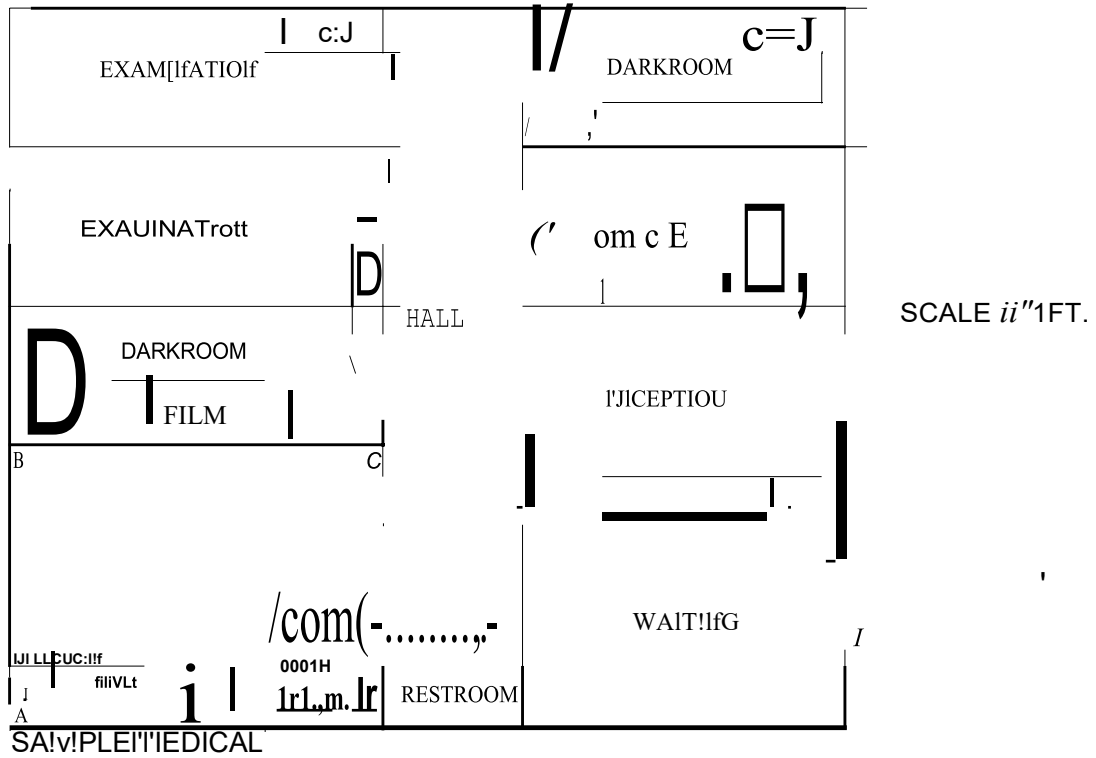
(10) Column 6. Construction material and thickness.

In order for the Department staff to evaluate your shielding design, the construction materials and thicknesses of these materials at each barrier must be known. Be sure to include windows and doors.

As an example • for wall AB in our sample x-ray room there are two sheets of dry wall, each 1/2 to 5/8 inches thick. (Do not include studs and spaces between)

In another example, the floor area which is located over a storage room is 2.5 inches of 147 pound concrete.

The addition of lead or other materials to reduce radiation exposure below regulatory requirements is to be indicated here. The amount of lead or lead equivalent material required can be calculated using NCRP 147 or contacting a qualified individual.





NEW APPLICATION AND INITIAL LICENSE FEE PAYMENT COUPON

Select the type of facility for which you are applying. The dollar amount after the comma is the initial license fee. Both the initial license fee and the \$300 application fee must be submitted at the same time.	X-ray Facilities, \$300 (one \$300 initial activity fee covers all x-ray machines in use at the same business address)  <div style="text-align: center;">_____</div>		
Enter Contact Information	First Name: _____	Last Name: _____	
	Phone Number:   _____	Email:   _____	
Enter facility name	_____		
Enter your physical facility address	Address 1: _____		
	Address 2: _____		
	City:   _____	State: IGA	Zip:   _____ -   _____
Total fee owed (application fee plus initial license fee)	Application Fee \$ 0 + \$ 300 = \$ <b>300 Total Fee Due</b>		
Please enter the amount of the enclosed check.	_____		

1. Complete and print this license payment coupon.
2. Write your check for the total fee due and make it payable to:  
 Healthcare Facility Regulation Division
3. Mail your check and this license payment coupon to:  
 Healthcare Facility Regulation Division  
 P.O. Box 741328, Atlanta, GA30374-1328

DO NOT MAIL DETAILED PROVIDER APPLICATIONS OR OTHER CORRESPONDENCE TO THE ABOVE P.O. BOX!





Your detailed application form and other correspondence should be sent to the address referenced in your application packet.



## MAILING INFORMATION

**State X-Ray Application forms should be mailed to the following address:**

Department Of Community Health  
Healthcare Facility Regulation Division  
Diagnostic Services Unit/X-ray Unit  
2 Peachtree Street, N.W.  
Suite 31-447  
Atlanta, GA 30303-3142

**Registration fee for \$300 and form needs to be submitted separately to the following address:**

Healthcare Facility Regulation Division\*  
P.O. Box 741328,  
Atlanta, GA 30374-1328

\*This address is for a Bank Lock Box. Do not submit your application forms here.

Please make copies of all documents for your records as required by the Regulations.

If you are have questions please contact the Department at 404-657-5400.

## LIST OF QUALIFIED INDIVIDUALS AND HEALTH PHYSICISTS

This is an incomplete list. The Healthcare Facility Regulation Division does not recommend or support any individual, company or organization. When you choose a qualified expert, you should ask if they have a letter of approval from the State of Georgia.

### Access Diagnostic Physics

Ed Rocker, President  
Po Box 4680  
Alpharetta, GA 30023  
770 842-7016  
[ed@accessphysics.com](mailto:ed@accessphysics.com)

### Alliance Medical Physics

Thomas G. Ruckdeschel, President  
2500 Abbey Court  
Alpharetta, GA 30004  
770 751-9707  
[truckdeschel@alimedphys.com](mailto:truckdeschel@alimedphys.com)

### Griffiths, Diane MS, CNMT, ARRT (N)

1095 Dalesford Drive  
Alpharetta, GA 30004  
770 355-7709  
[dianerps@comcast.net](mailto:dianerps@comcast.net)

### Imaging Physics

Jeffrey Tays, DABR  
227 Sandy Springs Place, Suite D-300  
Sandy Springs, GA 30328  
404 434-2322  
[info@imagingphysics.com](mailto:info@imagingphysics.com)

### Interstate Health Physics Consulting

Bruce Gossett, Medical Physicist  
112 Deerpurchase Lane  
Lexington, SC 29072  
1 803 356-4245  
1 803 449-4067  
1 803 917-1707  
[bgossett1@sc.rr.com](mailto:bgossett1@sc.rr.com)

### Landauer

2 Science Road  
Glenwood, IL 60425  
1. 877-476-8433  
1 800 835-3615  
[www.landauer.com](http://www.landauer.com)

### Medical X-ray Imaging

Bill Ramsay  
4875 Fowler Drive  
Cumming, GA 30041  
404 569-8669  
[billramsey@mxixray.com](mailto:billramsey@mxixray.com)

### Millsap's Radiation Inspection Services LLC

Chris Millsaps  
3108 Clove Hill Ridge Road  
Maryville, Tennessee  
1 865 696-2691  
[chrismillsaps@yahoo.com](mailto:chrismillsaps@yahoo.com)

### Phoenix Technology

Rose McTee  
1194 Buckhead Crossing # D,  
Woodstock, GA 30189  
770 645-1440  
[www.ptcphysics.com](http://www.ptcphysics.com)

### Physics Imaging

Daniel Stanton, Certified Radiological Physicist  
P.O. Box 660462  
Birmingham, AL 35266  
1 205 979-3070  
[staton@physica-imaging.com](mailto:staton@physica-imaging.com)

### Southeast Physics Associates

Susan Rosa  
3010 Gadsden Street  
Alpharetta, GA 30022  
404 915-9679  
[www.SPAPhysics.com](http://www.SPAPhysics.com)

### Spectrum Physics

Mary Waldron, MS  
2758 Terrell Trace Drive  
Marietta, GA 30067  
678 773 -2813  
[gt8485@hotmail.com](mailto:gt8485@hotmail.com)

### West Physics

Zubair Abbasi, M.S., DABR  
770 435-9186  
1 866 275-9378  
[www.westphysics.com](http://www.westphysics.com)

### X-ray Compliance Solutions

Owen, Robert, Medical Physicist  
1 803 449-4067  
1 803 917-2907  
[owenrw58@yahoo.com](mailto:owenrw58@yahoo.com)



DIAGNOSTIC SERVICES UNIT APPLICATION FOR REGISTRATION OF A LASER FACILITY

Laser facility Rules and Regulations located at: <http://rulcs.sos.state.ga.us/gac/290-5-27>

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Type or Print)

NAME OF FACILITY \_\_\_\_\_

ADDRESS OF FACILITY \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

(County)

Type of Facility (Check)

- 1. \_\_\_ Arts, 2. \_\_\_ Commercial, 3. \_\_\_ Construction, 4. \_\_\_ Healing Arts, 5. \_\_\_ Industrial, 6. \_\_\_ Institutional, 7. \_\_\_ School, 8. \_\_\_ Other

Type of Use (Check)

- A. Alignment, B. Copying, C. Demonstration, D., E. Experimental, F. Instructional, G., H., I. Readers, J. Research, K. Other

System Information

Laser or Laser Product

Brand, \_\_\_\_\_ Model, \_\_\_\_\_

Lasing Medium \_\_\_\_\_ Certification Class \_\_\_\_\_

Pulsed, \_\_\_\_\_ or C.W., \_\_\_\_\_

Scanning \_\_\_\_\_ or Non Scanning \_\_\_\_\_

Maximum Power Output. \_\_\_\_\_ W or J

Brief Description of Use

\_\_\_\_\_



**Brian P. Kemp, Governor**

**Frank W. Berry, Commissioner**

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**Authorizations Signnture / Title**

\_\_\_\_\_  
**(Print orType)**

\_\_\_\_\_  
**DAT!!**

Equal Opportunity Employer



### Change of X-Ray Notification

X-ray facilities in Georgia are required to notify the Department of Community Health of changes in x-ray registration information

**A) Current or previous business location**

- \*DBAname \_\_\_\_\_
- \*Address \_\_\_\_\_
- \*County/city/zip code info \_\_\_\_\_
- \*Contact name \_\_\_\_\_
- \*Contact Phone number \_\_\_\_\_
- \*Email address \_\_\_\_\_

**B) New business location and date of relocation. (If different)**

- \*DBAname \_\_\_\_\_
- \*Address \_\_\_\_\_
- \*County/city/zipcode \_\_\_\_\_
- \*Name and phone \_\_\_\_\_

**C) Changes? (Choose all that apply)**

- \*Date of change \_\_\_\_\_
- \*Ownership changed \_\_\_\_\_
- \*X-Ray equipment changed or added \_\_\_\_\_
- \*Location of facility changed \_\_\_\_\_
- \*\_\_\_\_\_ New or used X-Ray Equipment to be installed\_
- \*\_\_\_\_\_ Type, make and model\_\_\_\_\_
- \*\_\_\_\_\_ Where is equipment being disposed or moved to?\_

**D) Date, name and contact information for person submitting update**

\_\_\_\_\_  
\_\_\_\_\_

**F) Please mail completed form to:**

State of Georgia, Department of Community Health  
Healthcare Facility Regulation Division/Diagnostic Services Unit  
2 Peachtree St; Suite 31.296  
Atlanta, Ga 30303



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

**Brian P. Kemp, Governor**

**Frank W. Berry, Commissioner**

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**If you have questions please call 404-657-5400. Please attach additional sheet with information as necessary. Thank you.**