



## **Georgia X-ray Registration**

Please review the initial check list (below) in order for a timely review. The time frame for reviewing submitted documents for X-ray Registration can be between 8-10 weeks and sometimes longer. The shielding design (**not required for most non-medical/industrial or for Bone Densitometers**) is a requirement for a newly registering facility and 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.

**At this time please email you forms to [HFRD.diagnostic@dch.ga.gov](mailto:HFRD.diagnostic@dch.ga.gov)**

**Our mailing address is:**

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

### **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. We have this.

\_\_\_\_\_ 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.**

**Registrants are required to maintain copies of all documents submitted and received concerning registration per the Rules and Regulations.** Also, take note that any changes to the above registration information require that Registrant report the changes to this Department using the update form attached.

**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.** They 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

Please call the Office at 404-657-5400 if you have questions. CP 470-487-4394



Brian P Kemp, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW

Atlanta, GA 30303-3159

404-656-4507

www.dch.ga.gov

APPLICATION FOR X-RAY REGISTRATION

A. Facility Name (DBA) \_\_\_\_\_ Applicant \_\_\_\_\_

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

B. Registration type (check all that apply):

- [ ] A new Facility [ ] Relocation
[ ] A purchase 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 Panographic 9 Other 15 Cabinet X-ray
4 CBCT (Cone Beam CT) 10 Bone Densitometer 16 Open Beam X-ray
5 Radiographic 11 X-ray Therapeutic 17 Computerized Tomography
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.

H. Signature of responsible individual authorized by the facility to include one of the following: a licensed practitioner, owner, administrator; and or radiation safety officer (as in nonmedical, industrial or hospital installations).



Applicant/Authorized Signature and Title

Print or type name

Date \_\_\_\_\_

**O.C.G.A. § 50-36-1(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:



# HEALTHCARE FACILITY REGULATION DIVISION

## NEW APPLICATION AND INITIAL LICENSE 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)   |
| Enter Contact Information  | First Name: <input type="text"/> Last Name: <input type="text"/><br>Phone Number: <input type="text"/> Email: <input type="text"/>   |
| Enter facility name  | <input type="text"/>   |
| Enter your physical facility address   | Address 1: <input type="text"/><br>Address 2: <input type="text"/><br>City: <input type="text"/> State: <input type="text" value="GA"/> Zip: <input type="text"/> - <input type="text"/> |
| Total fee owed (application fee plus initial license fee)  | Application Fee \$ 0 + \$ 300 = \$ 300 Total Fee Due   |
| Please enter the amount of the enclosed check.   | <input type="text"/>   |

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, GA 30374-1328

**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