

**IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH**

**APPLICATION FOR MEDICAL ONCOLOGY OR INDUSTRIAL X-RAY MACHINE REGISTRATION**

**INSTRUCTIONS:** Complete all items if this is an Initial Application. Use supplemental sheets where necessary. A link (<http://idph.iowa.gov/radioactivematerials/rules>) to the IDPH Radiation Machines and Radioactive Materials rules can be found at that web site. To ensure a complete and accurate application, please use the appropriate regulatory guide as a reference while completing this application.

Application can be e-mailed to [iowaram@idph.iowa.gov](mailto:iowaram@idph.iowa.gov). Payment can be made by credit card on the regulatory portal (<https://dphregprograms.iowa.gov/>) following email submission and Agency processing. Otherwise, check payment and, if applicable, paper application can be mailed to:

Iowa Department of Public Health, Bureau of Radiological Health, Lucas State Office Building,  
5th floor, 321 East 12th street, Des Moines, IA, 50319

Upon approval, the applicant will receive an Iowa X-Ray Machine Registration issued in accordance with the general requirements contained in chapter 136c of the Iowa administrative code

**Need Assistance?** Email [iowaram@idph.iowa.gov](mailto:iowaram@idph.iowa.gov) or call the Agency at numbers listed at <https://idph.iowa.gov/radioactivematerials/contacts>

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**FACILITY INFORMATION: PLEASE PRINT OR TYPE.**

Facility Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

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

Phone Number 1: \* \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Email: \* \_\_\_\_\_ EIN: \* \_\_\_\_\_

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**AFFIRMATION QUESTIONS:**

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? \* Yes      No

If yes, include the date, location, reason, and resolution. \*

\_\_\_\_\_

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? \* Yes      No

If yes, include the date, location, reason, and resolution. \*

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Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? \*

Yes No

If yes, provide a description of the circumstances. \*

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**CONTACT INFORMATION:**

First Name: *	Last Name: *
Phone Number: *	Email: *
License Number:	Business Name: *
Street Address: *	
City: *	State: * Zip Code: *
Comments:	

**EQUIPMENT DESCRIPTION:** List each type of device separately. (Print and Complete additional pages if necessary.)

**EQUIPMENT TYPES:** Below are the Equipment’s type Available.

Food Sterilization Accelerator, Electron Microscope, CT Simulator, Superficial, Analytical X-ray Baggage x-ray, Cabinet x-ray, Electronic Brachytherapy, Industrial Radiography x-ray, Medical Accelerator, Non-Medical Accelerator, Portable x-ray, Walk-in Cabinet x-ray, x-ray Fluorescence, Other.

Equipment Type	
Manufacturer Name:	
Model Number of the Equipment	
Serial Number of the device	
Date Installed	
Shielding Documentation Attached	Yes      NO      N/A

Equipment Type	_____
Manufacturer Name:	_____
Model Number of the Equipment	_____
Serial Number of the device	_____
Date Installed	_____
Shielding Documentation Attached	Yes          NO          N/A

Equipment Type	_____
Manufacturer Name:	_____
Model Number of the Equipment	_____
Serial Number of the device	_____
Date Installed	_____
Shielding Documentation Attached	Yes          NO          N/A

Equipment Type	_____
Manufacturer Name:	_____
Model Number of the Equipment	_____
Serial Number of the device	_____
Date Installed	_____
Shielding Documentation Attached	Yes          NO          N/A

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions

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Typed/Printed Name

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Signature Certifying Officer

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Title

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Date