



**Employee Registration  
X-Ray Equipment Services**

\*\*\*\*\*DEPARTMENT USE ONLY\*\*\*\*\*

Registration # \_\_\_\_\_ Date of Approval \_\_\_\_\_ Date Received \_\_\_\_\_

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**Section I: ADMINISTRATIVE INFORMATION**

Type or print clearly

Employee Name: \_\_\_\_\_ Vendor Class: \_\_\_\_\_

Business Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

**If different from business registration:**

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

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

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section II: EDUCATION, TRAINING, AND EXPERIENCE REQUIREMENTS**  
(Refer to RHB 2.6.6 for requirements)

**EDUCATION**

<i>Degree/Certificate</i>	<i>School(s)</i>	<i>Date Completed</i>

**TRAINING**

(Attach supporting documentation clarifying course content as necessary)

<i>Course Description</i>	<i>Date Completed</i>

**Certifications**


**EXPERIENCE AND EMPLOYMENT HISTORY**

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**Section III: CERTIFICATION STATEMENT AND SIGNATURE**

I, the undersigned, certify to the following:

- This form has been completed by, or on behalf of, the employee applying for registration.
- All information contained in this application is accurate and factual.
- Any changes affecting the information provided on this application will be reported to the Department in writing within thirty (30) days.
- I have read and understand Section 1.12.2 of *Regulation 61-64, X-rays (Title B)* which states "It shall be unlawful to make a material false statement to the Department regarding information contained in the application for registration, information pertaining to an inspection, or any other information required by any provision of these regulations." I understand making a material false statement will result in enforcement action and civil penalties.
- I have read and understand South Carolina Regulation 61-64, X-Rays (Title B) and will comply with this regulation and all company procedures.

Name (print or type): \_\_\_\_\_ Title: \_\_\_\_\_

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

**Section IV: SUPERVISOR CERTIFICATION STATEMENT AND SIGNATURE**  
(Self-employed individuals must also complete this section)

I, the undersigned, hereby certify the above signed is qualified by reason of education, training, and experience as required by **RHB 2.6.6** to provide services as a registered Class \_\_\_\_\_ Vendor.

Name (print or type): \_\_\_\_\_ Title: \_\_\_\_\_

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

**BUREAU CONTACT INFORMATION**

S.C. DHEC-Vendor Registration  
Bureau of Radiological Health  
2600 Bull Street  
Columbia, SC 29201  
Telephone (803) 545-4400 Fax (803) 545-4412  
[www.scdhec.gov](http://www.scdhec.gov)



## EMPLOYEE REGISTRATION X-RAY EQUIPMENT SERVICES

### PURPOSE

This form is for registering an employee of a business that provides services for and to x-ray producing machines. Every employee that provides services for and to x-ray producing machines shall register with the Department via completion and review of this form.

### ITEM BY ITEM INSTRUCTIONS:

#### **Section I:**

Employee Name - This refers to the name of the individual applying to operate as an employee of the registered business.

Business Name - This refers to the official name of the business applying for registration or currently registered a Vendor.

Physical Address - Give the address where the company is physically located.

Mailing Address - Give the mailing address if different from the physical address.

Telephone - Self-explanatory.

Fax-Self - explanatory.

Email address - Employee's email address.

#### **Section II:**

Education - List certificates and degrees earned by means of a formal education. Include the name of the institution from which the certificate or degree was earned and the date it was awarded.

Training – Give a description of formal training received and the date the training was completed.  
List any certifications earned.

Experience and Employment History - Give a description of your experience and employment history as it relates to the requirements of the Vendor class for which you are applying.

#### **Section III:**

Name (print or type) - To be completed by the individual applying to operate as an employee of the registered business.

Title – Job Title.

Signature – Self-explanatory.

Date – Self-explanatory.

#### **Section IV:**

Name (print or type) - To be completed by the responsible individual for the business.

Title – Job title.

Signature - Self-explanatory.

Date - Self-explanatory.

### **OFFICE MECHANICS AND FILING**

When registration forms are received, stamp with date received. Each business is entered in the computer system. The check is dated with the received date and processed. The registration form is maintained in the registrant's file. The files are maintained in the file cabinets located in the Bureau of Radiological Health and follow the Division of Electronic Products retention schedule(s).