



**Employee Registration
X-Ray Equipment Services**

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

Registration Number: _____

Date of Approval: _____

Section I: ADMINISTRATIVE INFORMATION

Employee Name: _____.

Company Name: _____ Vendor Class: _____

Registration #(if applicable): _____

Provide the following information if different from business registration:

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ FAX: (____) _____

Section II: TRAINING, EDUCATION, AND EXPERIENCE REQUIREMENTS
(Refer to requirements for vendor registration and list qualifications)

EDUCATION

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

TRAINING
(Include Documentation of Radiation Protection Training)
(Attach Documentation of all Training Records)

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

EXPERIENCE AND EMPLOYMENT HISTORY

Section III:

CERTIFICATIONS

(Attach Documentation)

Section IV: (To be completed by the employee only)

Is "R61-64, X-rays (Title B)" available to the employee? _____.

I understand that Section 1.12.2 of Regulation 61-64, X-rays (Title B) 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 also understand that making a material false statement could result in an enforcement action and civil penalties.

I certify by signing below that all the information, and supporting documentation contained in this application is accurate and factual and to adhere to R61-64, X-rays (Title B) and all approved company procedures.

Name (print or type): _____ Title: _____

Signature: _____ Date: _____

Any changes to this application or employee information must be reported to the Department in writing within thirty (30) days.

For additional information:

Telephone (803) 545-4400 or Fax (803) 545-4412

Please return completed forms to:

**S.C. DHEC-Vendor Registration
Bureau of Radiological Health
2600 Bull Street
Columbia, SC 29201**

EMPLOYEE REGISTRATION X-RAY EQUIPMENT SERVICES

PURPOSE

This form is for registering individuals who provide services for and to x-ray producing machines. Every employee who 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 person that will be performing the services on behalf of the company.

Company Name- This refers to the name of the company that is providing the service(s) to the client.

Vendor- Class- This refers to the vendor class that the person providing service is registering for. Note the company may have been accepted as several classes. The employee may be registering for all or just certain class types that the company has been accepted to provide. This section will dictate the training records that will be required for acceptance.

Registration #- This refers to the registration # of the company that the employee will be doing work on behalf of if that company is already registered to provide services in the State of South Carolina.

Section II:

Education-List the schools attended applicable to the services provided. Submit documentation of attendance i.e. diploma, certificate of completion, etc. Provide date of completion.

Training-List all training that is applicable to the services provided. Submit documentation of receiving such training i.e. certificate of completion, letter from person providing the training on company letterhead, etc. Training in principles of radiation protection must be listed here as well. Provide date of completion.

Experience and Employee History-List all experience and job history that relates. Include dates and company names.

Section III:

Certification- List all related certifications received. Provide documentation.

Section IV:

Is "R61-64, X-rays (Title B)" available to the employee-Signify that a copy of R61-64, X-rays (Title B) is available to the employee by answering "yes".

Name (print or type)- To be completed by the employee only after reading the material false statement.

Signature-Self explanatory.

Date-Self explanatory.

OFFICE MECHANICS AND FILING.

When registration forms are received, stamp each copy with the date received. One copy of the registration form is placed into the registrant's employer file.