Oregon Application for X-ray Vendor License

Oregon Health Authority | Radiation Protection Services
800 NE Oregon Street, Suite 640; Portland, OR 97232
Phone: (971) 673-0490 | Fax: (971) 673-0553 | Web: www.healthoregon.org/xray

Complete all items in this application for a new license, renewal of an existing license, or to update an existing license. Missing information will delay the application process. If completing this form by hand, **please print clearly**. Each physical business location that has staff working in Oregon must have their own license. Attach additional sheets as necessary, make sure they are clearly labeled. Keep a copy of the completed application for your records.

Upon review and approval of this application, you will receive an Oregon License issued in accordance with Oregon Administrative Rules (OAR) Chapter 333, Division 101.

☐ **New License** ☐ **Renewal of License #:** _____ ☐ **Update Information on existing License #:** _____

Business Information

Business Name: _____

Website: _____

Phone #: _____ Fax #: _____

Owner Information

Name: _____

Phone #: _____ Email: _____

Licensing Contact Information *(You may list up to two people)*

1. Name & Title: _____

Phone #: _____ Fax #: _____ Email: _____

2. Name & Title: _____

Phone #: _____ Fax #: _____ Email: _____

Address Information

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Contact Information for Website

This information will appear on our website along with the type of service(s) you offer identified in the Attachments.

Business Name: _____

Website: _____

Phone #: _____

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Attachments

Indicate which attachments are included with this application. Make sure additional documentation is clearly labeled.

☐ **A: CT Health Physicist**

Complete this Attachment to be a licensed CT Health Physicist in Oregon.

☐ **B: Fluoroscopic Training**

Complete this Attachment to be approved to offer proper training to non-radiologist physicians (MD, DO, DC, and DPM) in the use of Fluoroscopic X-ray equipment.

☐ **C: Installation & Service Vendor**

Complete this Attachment to request approval to provide the Installation of X-ray machines and related equipment as well as to provide services for X-ray machines and related equipment in Oregon. ***If you are filling out this Attachment you must also complete Attachment E: Qualified Expert.***

☐ **D: Therapeutic Qualified Medical Physicist**

Complete this Attachment to request approval to provide consultation services to registrants of any therapeutic radiation machines. If you only provide consultation services to the registrant of which you are employed you do not need to fill out this application Attachment.

☐ **E: Qualified Expert**

Complete this attachment to request approval to be a qualified expert in Oregon. If approved you will be allowed to provide the services you selected on **Attachment C**.

☐ **F: Radiation Use & Safety Training**

Complete this Attachment if you would like to offer a Radiation Use and Safety training in Oregon as outlined in OAR 333-106-0055.

☐ **G: Sales Vendor**

Complete this application to request approval to provide the sales of X-ray machines & related equipment in Oregon.

I have read and understand the requirements of these rules. I understand that only the individuals listed in this application are allowed to provide the services listed in this application. I will notify the Agency of any changes to the application.

Print Name and Title: _____

Signature: _____ **Date:** _____

Agency Use Only

Reviewer: _____ Review Date: _____ ☐ Approved ☐ Denied

Comments: _____

_____

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