

**Directions:** Complete this form ELECTRONICALLY to register/deregister one (1) Healing Arts X-Ray Machine. Multiple units will require the completion of one form for each unit. If adding/removing unit(s) to/from an existing registration, the submission of this form (with attachments in Section 7) is sufficient, no additional payment is required. Submit to [XRAY@AZDHS.GOV](mailto:XRAY@AZDHS.GOV). If applying for a new registration, visit our website for additional requirements. Incomplete submissions will be returned.

**Section 1. Registration Information**

Registration Number		Current Registration Amendment Number		OR <input type="checkbox"/>	Part of Application for NEW facility
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**Section 2. Facility Information (Where the unit will be/is primarily located)**

Facility Name	
FULL Address	
Email & Phone	

**\*Note:** Include a written request for a travel condition if you intend on routinely using this unit at alt. locations. Include details.

**Section 3. Registration Action Type (SELECT ONLY ONE)**

Replace Unit     Add Unit     Remove Unit     < 30 day Rental/Demo (enter dates of possession below)

NOTE/COMMENT (optional):

**Section 4. Equipment Information (unit you are adding to your registration)**

Manufacturer (found on unit control, not tube)			
Model Name (sometimes number, but not s/n)			
No. of X-Ray Tubes in Machine		Room or Location Note	
Vendor		Vendor Contact Info	

**Section 5. Equipment Type (unit you are adding to your registration)**

**SELECT ONLY ONE:**

<input type="checkbox"/> Radiographic	<input type="checkbox"/> Cone Beam CT (CBCT)	<input type="checkbox"/> Mammographic (see ARRA-13)
<input type="checkbox"/> Fluoroscopic	<input type="checkbox"/> Intraoral	<input type="checkbox"/> Stereotactic
<input type="checkbox"/> Mini Fluoroscopic	<input type="checkbox"/> Panoramic	<input type="checkbox"/> Superficial Therapeutic
<input type="checkbox"/> Radiographic & Fluoroscopic	<input type="checkbox"/> Cephalometric	<input type="checkbox"/> E-Brachytherapeutic
<input type="checkbox"/> Bone Densitometric	<input type="checkbox"/> Panoramic & Cephalometric	<input type="checkbox"/> On-Board Imager (OBI)
<input type="checkbox"/> Computed Tomographic (CT)	<input type="checkbox"/> Panoramic & CBCT	<input type="checkbox"/> Other:
<input type="checkbox"/> Panoramic & Cephalometric & CBCT		

**Section 6. Equipment Sub-Type (unit you are adding to your registration)**

**SELECT ONLY ONE:**

**Hand-Held** (held by an operator while being used)

**Mobile** (mounted on a permanent base with wheels or casters for moving while completely assembled)

**Portable** (hand carried, but used with a cord or delayed timer system that allows operation at 6+ feet away)

**Stationary** (permanently installed in a fixed location)

**Transportable** (permanently installed in or on a vehicle or trailer)

**Section 7. Application Attachments (Approved Safety Consultants at AZDHS.GOV/XRAY under Resources and Updates)**

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>For stationary units or mobile units routinely used in one location (except dental, podiatry, bone density, or mammography units),</b> attach scale drawing of room with construction material, thickness (or lead equivalence) of each barrier, frequency of occupancy in adjacent areas, and workload estimation/calculations.
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>For CT &amp; CBCT units,</b> attach copy of the latest/initial unit evaluation performed by a Qualified Expert.

**Section 8. Unit Removal ONLY (Complete if removing/replacing a unit. If ONLY removing a unit, sections 4 – 7 are N/A)**

Unit No. on Reg.		Manufacturer		Model	
What happened to removed unit?	<input type="checkbox"/> Disabled (in storage) <input type="checkbox"/> Trash/Disposal <input type="checkbox"/> Taken by Installer <input type="checkbox"/> Transferring Ownership To:				

**Section 9. Registration Representative Submitting this Form**

Full Name & Title (print)		Date	
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