



**Employee Registration
X-Ray Equipment Services**

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

Registration # _____ Date of Approval _____ Date Received _____

Section I: ADMINISTRATIVE INFORMATION Type or print clearly

Employee Name: _____

Vendor Class: _____ Specify Equipment Type(s) _____

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 2.7.6 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

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 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 2.7.6** 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
Email XRayVendors@dhec.sc.gov
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.

Vendor Class – Provide the vendor class applying for.

Specify Equipment Types – Provide the types of equipment the applicant will be servicing.

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

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

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

Telephone – Provide telephone number.

Fax – Provide fax number.

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 – Sign

Date – Date of signature.

Section IV:

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

Title – Job title.

Signature – Supervisor Sign.

Date – Date of signature.

OFFICE MECHANICS AND FILING

After completion, the form is maintained in the business's file and is disposed of according to the retention schedule.