

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH

LUCAS STATE OFFICE BUILDING, 5TH FLOOR, 321 EAST 12TH STREET, DES MOINES, IOWA 50319

CONTACT INFORMATION SUPPLEMENTAL SHEETS FOR RADIOLOGICAL FACILITY

Complete the following application by typing your information into the fields and print the form. Or you may print the application and handwrite the information. Or you may complete the application online (if available for the program). Please include all required copies of additional information requested. Send the completed form to: Iowa Department of Public Health, Bureau of Radiological Health Lucas State Office Building, 5th Floor, 321 E 12th Street, Des Moines, IA 50319

If you have any questions, please contact:

Charlene Craig Phone: 515-281-0415 Email: charlene.craig@idph.iowa.gov

FACILITY INFORMATION: please print or type.

Facility Name: * _____
Street Address: * _____
City: * _____ State: * _____ Zip: * _____
Permit Number: _____ Phone Number *: _____
Email: _____ EIN/SSN: * _____

FACILITY CONTACT LIST: List each Contact Details separately. (Use additional pages if necessary.)

<p>Contact Types: Bone Densitometry, CEO, Facility Contact, Medical Physicist, Podiatry, Radiologic Technologist (General Tech) , Service Provider, Radiologic Technologist(Limited).</p> <p>Contact Type: _____</p> <p>First Name: * _____ Last Name: * _____</p> <p>Phone Number 1: * _____ Phone Number 2: _____</p> <p>Email: _____ License Number: _____</p> <p>Business Name: * _____</p> <p>Street Address: * _____</p> <p>City: * _____ State: * _____ Zip Code: * _____</p> <p>Comments: _____</p>

Contact Types:

Bone Densitometry, CEO, Facility Contact, Medical Physicist, Podiatry, Radiologic Technologist (General Tech) , Service Provider, Radiologic Technologist(Limited).

Contact Type: _____

First Name: * _____ Last Name: * _____

Phone Number 1: * _____ Phone Number 2: _____

Email: _____ License Number: _____

Business Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Comments: _____

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions

Signature of Organizational Representative

Title

Printed Name of Organizational Representative

Date