

**REQUEST FOR THE USE OF MEDICAL X-RAYS FOR SCREENING**

X-Ray screening is described in RULES OF THE STATE BOARD OF HEALTH CHAPTER 420-3-26 Radiation Control as “an exposure of a person without prior examination or a determination of a specific individual need by a licensed practitioner.” This type of activity is prohibited unless the State Board of Health approves the program before it begins operations. Please complete and submit the following application with supporting documents to:

Alabama Department of Public Health  
Office of Radiation Control  
X-Ray Compliance Branch

Mailing Address

P. O. Box 303017

Montgomery, Alabama 36130-3017

Physical Address

208 Legends Court, Suite C

Prattville, Alabama 36066

Applicant:

Address:

City/State/Zip:

Contact Name:

Contact Telephone Number:

Contact E-mail Address:

X-Ray Procedure to be used as Medical screening tool:

Application Filing Date:

Addresses where all screening activities will be conducted:

Description of the population to be examined in the screening program:

Diseases or conditions for which the x-ray examinations are to be used in diagnosis:

Provide a detailed description of the x-ray procedures proposed in the screening program: (Number of exposures, number of procedures, total time period, etc).

Provide an evaluation of any known alternative methods not involving ionizing radiation which could achieve the goals of the screening program and reasons why these methods are not used instead of the x-ray examinations:

Person proposing the screening program:

Healing Arts Practitioner who will supervise the program:

Healing Art Practitioners who will interpret images:

Name:

Address:

City/State/Zip:

X-Ray systems must be evaluated by a qualified expert prior to being used in the screening program. The evaluation shall show that x-ray systems comply with requirements of Alabama Rules for Control of Radiation and include the measurement of standardized patient exposures from the x-ray examinations being performed. Provide the name and registration number of the qualified expert and attach a copy of report.

Submit a description of the diagnostic x-ray quality control program:

Submit a copy of the technique chart for the x-ray examinations to be performed:

Submit the minimum qualifications for each x-ray machine operator:

Submit the minimum qualifications for each person who will supervise the x-ray machine operators:

Submit a description of the methods used to advise the subjects being screened and their personal physicians of the results of the screening procedure.

Submit a description of the procedures for the retention or disposition of the images and other records pertaining to the x-ray procedures: