

Radiology Compliance Branch
RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Hand-Held Dental X-ray Exemption Request

A Hand-Held X-ray Equipment Exemption Request must be submitted prior to use of hand-held dental equipment. Registrants (or potential registrants) planning to utilize hand-held dental X-ray units for clinical use must receive an approval for Rule exemption from the Radiation Protection Section prior to use of the unit. **Exemptions are only granted for the use of dental intraoral units deemed approved by the North Carolina Radiation Protection Section.** Submission of this exemption request completed along with requested information is needed before an exemption request can be processed and prior to sending an approval letter. [Submit Exemption Request to Waiver@dhhs.nc.gov](mailto:SubmitExemptionRequesttoWaiver@dhhs.nc.gov)

Select Registration Status:

MUST SUBMIT AN ACKNOWLEDGED SHIELDING DESIGN FOR ROOMS UNITS WILL BE USED IN WITH THIS EXEMPTION REQUEST BEFORE THE REQUEST WILL BE REVIEWED			
<input type="checkbox"/>	New Facility (Pending Registration)	Planned Opening Date	
<input type="checkbox"/>	Currently Registered	Registration #	
<input type="checkbox"/>	Currently Registered & Moved to New Location	Registration #	
<input type="checkbox"/>	If a Change of Ownership, Previous Owner's Name		
	Previous Owner's Registration #		

Facility Information:

Facility Name			
Street Address			
City	State	Zip	

Facility Contact Information:

Contact Name	
Phone Number	
Email Address	
ENTER EMAIL ADDRESS THAT IS CHECKED REGULARLY	

Equipment Information:

Service Provider Selling Unit to Registrant		X-ray Equipment Manufacturer	Use Description (Select One)	
Registration #			<input type="checkbox"/>	Single Dental Office
Name			<input type="checkbox"/>	Mobile Vehicle
Street Address			<input type="checkbox"/>	Used at Multiple Dental Offices
City	State	Zip	<input type="checkbox"/>	Veterinary

Service Provider Selling Unit to Registrant		X-ray Equipment Manufacturer	Use Description (Select One)	
Registration #			<input type="checkbox"/>	Single Dental Office
Name			<input type="checkbox"/>	Mobile Vehicle
Street Address			<input type="checkbox"/>	Used at Multiple Dental Offices
City	State	Zip	<input type="checkbox"/>	Veterinary

Describe Planned Use of the Unit:

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Describe Unit Security to Prevent Unauthorized Use (When Unit Is Not In Use Between Patients):

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Personnel Dosimeter (Required for All Hand-Held Units):

Company Name Providing Dosimetry			
Company Street Address	State	Zip	

Operator Protection (Select each device available to operators):

Lead Apron Mobile Barrier Other (Describe Below)

Describe Safety Procedures for Use:

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Conditions for Registration:

When this exemption request is approved, an approval letter and registration will be sent to the e-mail contact person on page one of this document. The approval letter will outline conditions for use of the unit. The registration may be revoked if the registrant does not comply with the conditions for registration. You should expect a response from RPS on your request within two weeks of agency receipt of your completed application and any requested documents.

I have reviewed the Hand-Held Dental X-ray Waiver Guide and agree to comply with the registration conditions that will be outlined in the approval letter. I understand the registration for this X-ray device may be revoked when conditions are not met for this registration and I may be no longer able to own or use this X-ray device in North Carolina. I understand this request is for use of the X-ray device at the specific location on this registration and not transferrable to another person.

Signature of Most Responsible Person

Date

Signature of Radiation Safety Officer

Date