

## RECIPROCITY REGISTRATION OF RADIATION EMITTING EQUIPMENT

(This does not apply to Mammography Services)

### Iowa Department of Public Health

This registration is for any out-of-state person that provides medical x-ray services in Iowa but does not have a permanent Iowa office address. ("Person" means individual, facility, company, corporation, etc.) All out-of-state persons performing diagnostic radiography in Iowa under this registration must operate under the Iowa Radiation Machines and Radioactive Materials Rules. These rules are found at [www.idph.state.ia.us/pa/rh.htm](http://www.idph.state.ia.us/pa/rh.htm).

In order to register equipment under reciprocity, please note the following:

1. Submit the registration application and reciprocity fee of \$100 for each unit. The fee should be in a check or money order made payable to the Iowa Department of Public Health. You will receive notification 30 days before your reciprocity expires. At that time, you may apply for another 365 day period.
2. Whenever the unit is brought into the state under reciprocity, you must provide written notice at least three working days prior to the date the unit is to be used in Iowa. Notification must include the type of unit, duration and scope of use, and the exact location of use. For cases in which the three day working period would impose an undue hardship, please call 515-281-8074.
3. Any individual working as a diagnostic radiographer in Iowa must meet the certification requirements of Chapter 42 and apply for a permit to practice. The application is also located on the web site under "permits to practice." A permit to practice is not required for operators of bone density units.
4. While under reciprocity, units may not be operated in the state more that 180 calendar days in a 365 day period.
5. If a unit is used in Iowa for more that 180 days, the unit must be registered under general registration. For general registration, the person must have a permanent office located in Iowa that has a telephone, employee, and storage for records regarding the unit and operator certification. Patient files do not need to be stored at the Iowa office. Registration forms are available on the website.
6. All radiographic procedures performed in Iowa must have written orders from a physician licensed to practice in Iowa.
7. For all other questions, please call IDPH at (515) 281-8074.

## RECIPROCITY REGISTRATION APPLICATION

Complete this form for each non-mammography unit. Send to:

Iowa Department of Public Health  
Bureau of Radiological Health  
Lucas State Office Building, 5<sup>th</sup> Floor  
321 East 12<sup>th</sup>  
Des Moines, IA 50319

Name of facility: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address of facility: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

Manufacturer of unit: \_\_\_\_\_

Model number: \_\_\_\_\_ Serial number: \_\_\_\_\_

Type (general mobile, bone density, etc): \_\_\_\_\_

Is the unit used within a van?  Yes  No      Taken out for use?  Yes  No

List name, address, nature of use and dates of the locations in Iowa where this unit is to be used:

Name and permit number of diagnostic radiographers operating the unit while it is in Iowa:

State(s) in which the machine(s) is(are) registered.

Signature of the person responsible for the facility (CEO, president, director, etc)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_