MINNESOTA MDH DEPARTMENT OF HEALTH

APPLICATION FOR CT SCREENING
X-RAY UNIT
PO BOX 64975
ST. PAUL, MN 55164-0975
651-201-4545

INSTRUCTIONS: COMPLETE ALL ITEMS IF THIS IS AN INITIAL APPLICATION OR RENEWAL. USE SUPPLEMENTAL SHEETS WHEN NECESSARY IN FILLING THIS APPLICATION. MINNESOTA DEPARTMENT OF HEALTH COMPUTED TOMOGRAPHY (CT) SCREENING GUIDE CAN BE FOUND ON THE INTERNET AT www.health.state.mn.us/xray. TO ENSURE A COMPLETE AND ACCURATE APPLICATION, PLEASE USE THIS GUIDE AS A REFERENCE WHILE COMPLETING THIS APPLICATION. A LINK TO THE MINNESOTA IONIZING RADIATION RULE, 4732.0565 HEALING ARTS SCREENING CAN BE FOUND AT THE ABOVE WEB SITE.

1. THIS IS AN APPLICATION FOR *(Check appropriate item)*
   - ☐ A. NEW CT SCREENING APPLICATION
   - ☐ B. REVISION TO SCREENING PROGRAM
   - ☐ C. RENEWAL OF SCREENING PROGRAM

   ☐ CT CARDIAC ☐ CT COLON ☐ CT LUNG

   INDICATE WHICH SELF-REFERRAL SCREENING PROGRAM(S)

2. FACILITY NAME AND MAILING ADDRESS OF APPLICANT

2A. REGISTRATION NUMBER:

3. SCREENING SITE NAME (*If different from facility*) AND ADDRESS WHERE SELF-REFERRAL SCREENING WILL BE PERFORMED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION, TITLE AND EMAIL ADDRESS

4A. PHONE NUMBER:

SUBMIT APPLICATION AND ITEMS 5. THROUGH 18. ELECTRONICALLY TO health.xray@state.mn.us. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE COMPUTED TOMOGRAPHY SCREENING APPLICATION GUIDE.

5. PURPOSE(S) FOR THE SCREENING PROGRAM

6. DETAILED DESCRIPTION OF THE X-RAY EXAMINATION, FACILITIES, AND EQUIPMENT

7. DETAILED DESCRIPTION OF POPULATION EXAMINED

8. EVALUATION OF ALTERNATIVE METHODS

9. EQUIPMENT PERFORMANCE EVALUATION OF A DIAGNOSTIC RADIOLOGICAL PHYSICIST

10. MEASUREMENT OF PATIENT EXPOSURES FOR SCREENING EXAMINATION

11. DESCRIPTION OF QUALITY ASSURANCE PROGRAM

12. TECHNIQUE CHART FOR X-RAY EXAMINATION

13. QUALIFICATIONS OF INDIVIDUALS PERFORMING THE EXAMINATION

14. QUALIFICATIONS OF INDIVIDUAL SUPERVISING

15. QUALIFICATIONS OF INTERPRETING PHYSICIANS

16. PROCEDURE FOR INFORMING INDIVIDUALS SCREENED AND THEIR PRIVATE PRACTITIONER

17. PROCEDURE FOR RETENTION OF IMAGES AQUIRED

18. FREQUENCY FOR SCREENING PATIENTS

19. THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

NOTE: YOU MUST NOTIFY THE MINNESOTA DEPARTMENT OF HEALTH OF ANY CHANGE TO YOUR SELF-REFERRAL SCREENING PROGRAM THAT OCCURS DURING THE AUTHORIZATION PERIOD PRIOR TO IMPLEMENTATION. IF YOU WISH TO CONTINUE SCREENING AFTER THE APPROVAL END DATE, YOU MUST SUBMIT YOUR RENEWAL TO MINNESTOA DEPARTMENT OF HEALTH 30 DAYS BEFORE THE EXPIRATION DATE.

ADMINISTRATOR'S NAME AND TITLE	PHONE NUMBER	DATE