



**CHECKLIST OF REQUIREMENTS FOR INITIAL ISSUANCE / RENEWAL OF
A LICENSE TO OPERATE (LTO) A DENTAL EDUCATIONAL X-RAY FACILITY**

<input type="checkbox"/>	1.	Duly accomplished dental educational x-ray license application form (2 copies).
<input type="checkbox"/>	2.	License application fee (refer to the schedule of fees below). Either a photocopy of the machine validated Land Bank of the Philippines (LBP) OnColl Payment Slip or Manager's Check or Cashier's Check payable to FOOD AND DRUG ADMINISTRATION . For LBP payment, you may visit FDA website through this link for the guidelines for payment portal: https://ww2.fda.gov.ph/index.php/issuances-2/cdrrhr-laws-and-regulations-pertaining-to-all-regulated-medical-devices/cdrrhr-fda-circular/508371-fda-circular-no-2018-004 .
<input type="checkbox"/>	3.	Photocopy of the Official Receipt of the personal dose monitor (TLD or OSL) from the provider of personnel dose monitoring service.
<input type="checkbox"/>	4.	Photocopy of certificate of training of the radiation protection officer (RPO) in an appropriate radiation protection training course conducted by an organization recognized by the CDRRHR. (FOR RENEWAL APPLICATION WITH NO CHANGES ON CURRENT RADIATION PROTECTION OFFICER, THIS REQUIREMENT IS OPTIONAL)
<input type="checkbox"/>	5.	Photocopy of the <i>VALID</i> Professional Regulation Commission (PRC) license of the Radiation Protection Officer (RPO) and all the dentist/s working in the x-ray facility.
<input type="checkbox"/>	6.	Photocopy of the PRC board certificate of the RPO and all the dentist/s working in the x-ray facility. (FOR RENEWAL APPLICATION WITH NO CHANGES ON CURRENT RPO OR RADIOLOGIC/X-RAY TECHNOLOGIST/S, THIS REQUIREMENT IS OPTIONAL)
<input type="checkbox"/>	7.	Photocopy of the notarized contract of employment of the RPO and all the dentist/s working in the x-ray facility. The CDRRHR recommends that the contract be valid for at least one year.
<input type="checkbox"/>	8.	Duly filled-up and notarized affidavit of continuous compliance. (FOR RENEWAL APPLICATION ONLY)
<input type="checkbox"/>	9.	Photocopy of the business/mayor's permit or SEC/DTI registration of the facility. (FOR INITIAL/VARIATION APPLICATION ONLY)
<input type="checkbox"/>	10.	Photocopy of the latest License to Operate. (FOR RENEWAL APPLICATION ONLY)

Schedule of Fees (per x-ray machine)

mA RANGE	INITIAL	RENEWAL (Valid LTO)	Renewal of Expired LTO				
			1 st Month	2 nd Month	3 rd Month	4 th Month	> 4 months
100 and below	810.00	410.00	1,250.00	1,290.00	1,330.00	1,370.00	1,770.00
101 up to 300	1,111.00	560.00	1,715.00	1,770.00	1,825.00	1,880.00	2,431.00
301 up to 500	1,414.00	710.00	2,180.00	2,250.00	2,320.00	2,390.00	3,094.00
501 up to 700	1,717.00	860.00	2,645.00	2,730.00	2,815.00	2,900.00	3,757.00
greater than 700	2,020.00	1,010.00	3,110.00	3,210.00	3,310.00	3,410.00	4,420.00

Notes:

- The surcharge/penalty for late filing of the renewal of LTO will be assessed pursuant to the Implementing Rules and Regulations (Book II, Article I Section 3.A.2) of RA 9711 and to the FDA Circular No. 2011-004 as follows:

“An application for renewal of an LTO received after its date of expiration shall be subject to a surcharge or penalty equivalent to twice the renewal licensing fee and an additional 10% per month or a fraction thereof of continuing non-submission of such application up to a maximum of one hundred twenty (120) days. Any application for renewal of license filed thereafter shall be considered expired and the application shall be subject to a fee equivalent to the total surcharge or penalty plus the initial filing fee and the application shall undergo the initial filing and evaluation procedure.”

- Pursuant to FDA Circular No. 2011-003, a Legal Research Fee (LRF) amounting to “one percent (1%) of the filing fee imposed, but in no case lower than ten pesos” shall be collected.
- Incomplete requirements shall not be processed.
- For initial/renewal application, fee paid shall be forfeited when the facility fails to comply with the licensing requirements within 15 days upon proper notice from the CDRRHR.



Republic of the Philippines
 Department of Health
FOOD AND DRUG ADMINISTRATION
 Filinvest Corporate City
 Alabang, City of Muntinlupa



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**APPLICATION FORM FOR A LICENSE TO OPERATE A
 DENTAL EDUCATIONAL X-RAY FACILITY**

General Instructions: Write legibly and in BLOCK letters. Put an "x" mark on appropriate tick box. Completely fill-up the required information and signatures. The CDRRHR will not receive and process unduly filled-up application forms. For requirements, please refer to the attached checklist.

<p>TYPE OF AUTHORIZATION <input type="checkbox"/> New application <input type="checkbox"/> Renewal of LTO <input type="checkbox"/> Amendment to existing LTO # _____ Reason/s for amendment: _____</p> <p>I General Information Name of Facility : _____ Facility Address : _____ Contact No./s : _____</p> <p>Name and Address of the Applicant, Legal Person, Company, Organization, etc. Name : _____ Position/Designation : _____ Address : _____ Contact No./s: _____ Email Address : _____</p>	<p><i>For CDRRHR use</i></p> <p>DTN No: _____</p> <p><input type="checkbox"/> Thru mail <input type="checkbox"/> Walk-in</p> <p>Fee Paid PHP: _____ O.R # _____ Date Paid _____</p> <p>Assessed by: _____ Date : _____</p>
<p>II Name and qualifications of the personnel working in the medical x-ray facility</p> <p>Radiation Protection Officer Name : _____ Qualification: _____ SIGNATURE: _____</p>	<p>Evaluated by: _____ Date: _____</p> <p>Status of the Facility: _____ _____</p> <p>Action taken : _____ _____</p>
<p>III Declaration of the veracity of information: To be signed by the legal person/owner</p> <p>I hereby declare that all the information provided on the form and in support of this application is to the best of my knowledge complete and true in every particular.</p> <p style="text-align: right;">_____ Printed Name and Signature Position: _____ Date: _____</p>	<p>Checked by: _____ Date: _____</p> <p>Printed by: _____ Date: _____</p> <p>Recommending Approval: _____ Date: _____</p> <p>Encoded by: _____ Date: _____</p>



IV X-ray Equipment Specifications

Manufacturer		Model	Maximum mA	Maximum kVp	Serial No.		Application/Use*	Location**
Control Console	Tube				Control Console	Tube		

* For Application/Use, indicate whether
 - Periapical
 - Panoramic/Cephalometric

** For Location, indicate location of x-ray machine such as :
 - Department (Room Number)
 - Floor, Building

V Name and qualifications of all instructors working in the x-ray facility.

Name	Designation	Training in Radiation Protection	Signature

Please use separate sheet if necessary