



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

<input type="checkbox"/>	1.	Duly accomplished dental x-ray 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://www2.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 the certificate of training of the dentist and/or radiologic/x-ray technologist in radiation protection for radiation safety officers of dental x-ray facilities conducted by an organization recognized by 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 all the dentist/s and radiologic/x-ray technologist/s.
<input type="checkbox"/>	6.	Photocopy of the PRC board certificate of all the dentist/s and/or all radiologic/x-ray technologist/s connected with the x-ray facility. (FOR RENEWAL APPLICATION WITH NO CHANGES ON CURRENT DENTIST/S OR RADIOLOGIC/X-RAY TECHNOLOGIST/S, THIS REQUIREMENT IS OPTIONAL.)
<input type="checkbox"/>	7.	Photocopy of the valid notarized contract of employment of all the dentist/s and/or radiologic/x-ray technologist/s connected with the x-ray facility. 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.



IV Equipment Specifications (All x-ray equipment in dental facility)

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 :
 - Dental Department (Room Number)
 - Floor, Building

V Name and qualifications of other dental operators working in the x-ray facility

Name	Designation	Training in Radiation Protection	Signature

Please use separate sheet if necessary