



Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust

6 Crescent Road, Toronto, ON Canada M4W 1T1

T: 416.961.6555 F: 416.961.5814 Toll Free: 1.800.565.4591 www.rcdso.org

Checklist of Requirements for Dental CT Scanner Facility Permit

Apply to the College

1. Complete the Dental CT Scanner application form which can be found on the College's website at www.rcdso.org. If you have not yet registered your training / qualifications to prescribe, order and take dental CT scans, you will also need to complete and submit a prescribing dentist registration form.
2. Submit the completed application form and fee to the College via mail or facsimile to 416-922-1507.
3. Upon receipt and review by the College, you will be issued an Application Approval (letter format).

Apply to the Ministry

4. Submit a copy of your RCDSO Application Approval letter to the X-Ray Inspection Service (XRIS) at the Ministry of Health and Long-Term Care (Ministry) as part of your Ministry application form to install and operate a dental CT scanner.

Provisional Facility Permit Issuance Process

5. Provide the College with a copy of your letter of approval (including schematic plan) and letter of designation issued by the Ministry via facsimile to 416-922-1507.
6. Upon receipt of these two documents, the College will issue you a Provisional Facility Permit (valid for a period of six months).



REMEMBER

Before you can prescribe, order and take Dental CT Scans steps 1-6 listed above must be carried out followed by steps 7 and 8 below:

7. The Dental CT scanner must pass all acceptance tests at time of installation.
8. All dentists authorized to prescribe, order and take dental CT scans at the facility have received appropriate on-site training in the safe operation of the dental CT scanner installed at your facility.

Requirements for On-Site Inspection and Annual Facility Permit

9. Submit written confirmation from the manufacturer stating the date of installation; that the dental CT scanner was new when installed in the facility; and that it was manufactured within 12 months of installation.
10. Submit a copy of the acceptance test report conducted at the time of installation to the College.
11. Submit a copy of the training verification document issued by the on-site trainer for those dentists authorized to prescribe, order, and take dental CT scans in the safe operation of the equipment installed at your facility.
12. Submit a letter confirming that you have instituted and documented a quality assurance program that complies with the College's Standard of Practice.
13. Submit a letter confirming that the dental CT scanner has been used to assist in the treatment of at least 10 patients.
14. Once the College has received and approved all required documentation, you will be contacted by our Field Inspector to arrange a convenient date and time for your facility inspection.
15. Following successful completion of your facility inspection and confirmation that you are in compliance with the Standard of Practice, you will receive notification that your Annual Facility Permit has been issued.
16. All Annual Facility Permits expire October 31st regardless of the initial date of issuance. You will automatically receive an Annual Renewal form approximately 45 days prior to the expiration date.
17. All facilities will be re-inspected on a three-year staggered cycle.

Please submit any required documentation for the College to:

Registration Department
Royal College of Dental Surgeons of Ontario
6 Crescent Road
Toronto ON M4W 1T1
Fax: 416-922-1507