

Updating Existing Radiation Facility Information and Equipment

This guide will outline the basics of managing the details of a Radiation Facility and Radiation Equipment in the Practice Resource Portal. If you have not set up your new CDSA registrant account, please view the 'Welcome to the Registrant Portal' video or pdf to learn how to set up your account.

This guide includes:

- Updating contact information for a Radiation Facility
- Changing the address of your Radiation Facility
- Updating a Facility's Employer and Designated Dentist
- Adding new Radiation Equipment
- Removing Radiation Equipment
- Updating Equipment Details such as 5-Year Renewals, relocations, repairs, and replacements

1. To begin, visit the [CDSA website](#) and click Practice Resource Portal.

2. Enter your email and password (this is the same email and password you use for the Registrant Portal).



Practice Resources

E-mail

Password

By clicking on "Sign In" you will be prompted to consent to our [Privacy & GDPR Notice](#).

Sign in

Or

[Forgot your password? Reset Password](#)

[Don't have an Applicant Portal account yet Register Here](#)

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3. On the next screen, click 'Select' on the Radiation Facility you wish to edit.
 - a. If you only have one Business Type, you will automatically be taken to the Business Information Page.
 - b. If you have more than one Business Type, be sure the facility you select has 'Radiation Facility' listed under Business Type.

Select Profile

This page lists your professional corporations, facilities where you may have radiation emitting equipment and your accredited surgical dental facilities. Select the one from the list you would like to manage. If you would like to apply for a new facility please click the button below to create a new facility profile. If you would like to start a new professional corporation please head [here](#).

Search

[Create New Business](#)

Click **Select** on any existing facility or professional corporation to open it. If you only have one facility or professional corporation, it will be automatically selected.

Business Name	Business Type	Address	
Jane Dough Test PC	Professional Corporation	College of Dental Surgeons of Alberta, EDMONTON, Alberta, T6G 1C3	Select >
Jane Dough's Surgical Centre	Accredited Facility	7609 109 ST NW, Edmonton, Alberta, T6G 1C3	Select >
Jane Dough's Family Dental	Radiation Facility	123 fake street, Calgary, Alberta, H0H0H0	Select >

4. Next, you will be on the Business Information Page. This is where you can manage and edit the contact information for your Radiation Facility. Official changes to your Radiation Facility (including relocation and equipment additions/removals/updates) need to be submitted to the CDSA by clicking 'Radiation Facility – Update Existing Facility Information' from the menu on the left side of the screen.

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5. Click 'Radiation Facility – Update Existing Facility Information.'

Jane Dough Test | en

CDSA
College of Dental Surgeons of Alberta

Jane Dough's Family Dental
123 fake street, Calgary, A...
Select Account

Business Information

Professional Corporations

Manage Permits

Documents

Document Library

Supporting Documents

Surgical Facility - Annual Report Download

Facilities

Facility Application/Renewal

Radiation Facility – Update Existing Facility Information

Radiation Facility – Upcoming Equipment Expiry

Surgical Facility – Annual Report

Finance

Invoices & Receipts

Business Information

Professional Corporation Name: Jane Dough's Family Dental

Date of Incorporation: MM/DD/YYYY

Business Email: JaneDough@gmail.com

Business Phone: 7804321012

Business Address

Street Address: 123 fake street

Street Address 2:

City: Calgary

Country: Canada

Province: Alberta

Start

6. Any forms and requests you have previously submitted will be visible.

7. Click 'Start' to begin a new request and be taken through the step-by-step request form.

Radiation Facility – Update Existing Facility Information

This request can be used to:

- Update existing facility information
- Update existing Employer or Employer Designated Dentist information
- Add, edit or remove equipment

If you need to register a new facility, please submit a **Facility Application**, found in the left hand menu.

In the province of Alberta, dental x-ray equipment and facilities as well as lasers, are governed by the Occupational Health and Safety Act. This Act specifies that owners of dental x-ray equipment and lasers must arrange the compliance verification/inspection and must ensure the final report is received by the College of Dental Surgeons of Alberta along with the completed registration application. Failure to comply with the Act and the Radiation Health and Safety Program Policy can result in additional fees and/or stop work orders associated with late registration or non disclosed equipment.

The College of Dental Surgeons of Alberta collects this information for the purposes of administration of the Radiation Health and Safety Program under the Alberta Radiation Protection Program. The information collected in this program will not be collected, used or disclosed for any other purpose except as otherwise permitted or required by law. We will retain this information indefinitely.

Application Number	Facility Location Name	Status	Request Date
273	Jane Dough's Family Dental	Submitted	04/01/2026

Start

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8. First, you must select the facility where your Radiation Equipment is located.
 - a. You will need to make sure the address information for the facility is up to date before proceeding. Click 'Save and Continue' to move forward.

Radiation Facility – Update Existing Facility Information

1 Edit Facility Information Step 1 of 5

Note: All information with a red asterisk (*) is required.

Facility*

Note: Select the facility for this request.

Edit the field(s) below if any information about the current facility needs to be updated.
Updates will be registered in the system after CDSA approval.

Facility Name

New Facility Name (only if the name has changed)

Street Address

Address Line 2

9. The second page of the request form allows you to manage and edit your Employer and Designated Dentist Information. You must select the correct Employer for this facility to move forward.

Radiation Facility – Update Existing Facility Information

2 Edit Employer or Designated Dentist Information Step 2 of 5

Note: All information with a red asterisk (*) is required.

Employer Information

Note: If you are adding a new employer choose option "Select".
Listed employer format: Employer - Address - City - Postal Code - Dentist 1 Name (if different than employer)

Edit Employer Information

After selecting the employer record, edit the field(s) below if any information about the current employer or designated dentist needs to be updated. Updates will be registered in the system after CDSA approval.

Employer Name


Employer Effective Date

(Continued on next page)

- a. You can submit a change to the Designated Dentist on this page.
- b. The Employer is the Professional Corporation or owner of the dental practice, and the Designated Dentist is the registrant who oversees the facility equipment information. Any changes to this information require approval from the CDSA before being reflected on your Business Profile.

Designated Dentist

"Designated Dentist" means a Regulated Member who, in addition to being responsible for the registration and quality assurance, ultimately oversees the facility and equipment information.

Designated Dentist First Name	<input type="text" value="Jane"/>
Designated Dentist Last Name	<input type="text" value="Dough"/>
Designated Dentist Effective Date	<input type="text" value="01/03/2001"/> 
Designated Dentist E-mail	<input type="text" value="JaneDough@gmail.com"/>

[< Previous](#) [Save & Continue >](#)

10. If you have made changes, or have no changes to make on this page, click 'Save and Continue.'

(Continued on next page)

11. Next, you will see a list of radiation equipment in your selected facility. Below that list, you have an option to submit an Equipment Change Request. An Equipment Change Request allows you to add new equipment, remove equipment, and update equipment details (including relocations). Click 'Add Change Request.'

The table below lists all registered equipment items related to your facility.

Equipment ID	Location in Facility (Room Name)	Equipment Type	Manufacturer Name	Model Name	Tube Serial Number	Facility
Con-17608	Op 3	Panoramic/Cephalometric	Convergent Dental	Pro One	13123	Jane Dough's Family Dental
Sie-17547	Op 7	Pan 2D	Siemens	NV Microlaser	H3492H4292	Jane Dough's Family Dental
Sie-17553	OP 1	Cephalometric	Siemens	X-705	1231233	Jane Dough's Family Dental

Equipment Change Request

By creating a change request, you can add new equipment, update existing records or remove listed equipment.

Select the '+ Add New Change Request' button to create a new change request.

If no updates are needed for equipment, you can proceed to the next step without adding any records.

Updates will be registered in the system after CDSA approval.

Type of Change	Equipment	Location in Facility (Room Name)	Equipment Type	Manufacturer Name	Model Name	Tube Serial Number
No records have been added. Click + Add New Change Request to add records.						

+ Add New Change Request

12. Select the type of change from the drop down.

Equipment Change

Note: All information with a red asterisk (*) is required.

Type of Change *

Equipment *

Select...

Select...

Add New Equipment

Remove from Active Equipment List

Update Equipment Details

13. As an example, let's add new equipment. A drop down will pop up with required information to fill out.

(Continued on next page)

14. Fill out the required fields. Indicating the inspection, installation, and model information for the equipment.

Note: All information with a red asterisk (*) is required.

Type of Change *

Add New Equipment

Facility Name *

Name of the Authorized Radiation Protection Inspection Agency that performed Compliance Inspection *

Date of Inspection *

Inspection Result *

Equipment Type *

Location in Facility (Room Name) *

Installation Date *

Manufacturer Name *

Model Name *

Note: If your model does not show up in the list, please contact the radiation department at 780-432-1012 or radiation@cdsab.ca

15. Once the form is completed, click 'Save and Continue.'

16. You will be taken back to the Equipment Change Request page, where you will now see any submitted change requests you have generated in your current session.

Sie-17553	OP 1	Cephalometric	Siemens	X-705	1231233	Jane Dough's Family Dental
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Type of Change	Equipment	Location in Facility (Room Name)	Equipment Type	Manufacturer Name	Model Name	Tube Serial Number	
Add New Equipment		OP 1	Intra-oral/Ceph	Atech		123	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

+ Add New Change Request

(Continued on next page)

17. If you have additional change requests to make, you can click 'Add New Change Request' and repeat the process or click 'Save and Continue' to move forward.

18. To remove a piece of Equipment, click 'Add New Change Request.' This will take you to the Change Request Selection Page.

19. To remove Active Equipment, select 'Remove from Active Equipment List.'

Equipment Change

Note: All information with a red asterisk (*) is required.

Type of Change *

Select...

Equipment *

Select...

Add New Equipment

Remove from Active Equipment List

Update Equipment Details

20. Select the Equipment you wish to remove. The information for that piece of equipment will be automatically populated.

Equipment Change

Note: All information with a red asterisk (*) is required.

Type of Change *

Remove from Active Equipment List

Equipment *

Con-17608 - Jane Dough's Family Dental - Panoramic/Cephalometric - Convergent Der
H3492H4292

Note: Select the relevant equipment item.

Listed equipment format: Equipment ID - Facility - Equipment Type - Manufacturer - Model -
Tube Serial Number

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21. You will need to indicate if the equipment is staying or moving to a different facility. If it is moving, you will need to indicate where. If it is staying, complete the form and click 'Save and Continue.'

Equipment Type	Panoramic/Cephalometric
Location in Facility (Room Name)	Op 3
Installation Date	MM/DD/YYYY
Manufacturer Name	Convergent Dental
Model Name	Pro One
Tube Serial Number	13123
Generator Serial Number	1231231
System Serial Number	1231231
Will this equipment stay in the current facility? (If relocating to another different facility, select No)	<input type="radio"/> Yes <input type="radio"/> No
Confirm the previous facility location	Select...
New Facility Location	
This request notifies the CDSA Radiation Health and Safety Program of any x-ray equipment, including lasers, that have been decommissioned, sold, made inactive or disposed of.	
How was this piece of equipment removed?	Select...

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22. You will return to the page where your current equipment and equipment change requests are listed. Confirm that this information matches your facility requirements and needs, then click 'Save and Continue' to finish the request.

Con-17608	Op 3	Panoramic/Cephalometric	Convergent Dental	Pro One	13123	Jane Dough's Family Dental
Sie-17547	Op 7	Pan 2D	Siemens	NV Microlaser	H3492H4292	Jane Dough's Family Dental
Sie-17553	OP 1	Cephalometric	Siemens	X-705	1231233	Jane Dough's Family Dental

Equipment Change Request

By creating a change request, you can add new equipment, update existing records or remove listed equipment.

Select the '+ Add New Change Request' button to create a new change request.

If no updates are needed for equipment, you can proceed to the next step without adding any records.

Updates will be registered in the system after CDSA approval.

Type of Change	Equipment	Location in Facility (Room Name)	Equipment Type	Manufacturer Name	Model Name	Tube Serial Number	
Add New Equipment		OP 1	Intra-oral/Ceph	Atech		123	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Remove from Active Equipment List	Con-17608	Op 3	Panoramic/Cephalometric	Convergent Dental		13123	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

[+ Add New Change Request](#)

23. Next, let's update existing equipment. Click 'Add New Change Request.'

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24. To change details about equipment, select 'Update Equipment Details.'

Equipment Change

Note: All information with a red asterisk (*) is required.

Type of Change *

Equipment *

- Select...
- Add New Equipment
- Remove from Active Equipment List
- Update Equipment Details

< Previous Save & Continue >

25. Through this type of request, you can:

- a. Submit a 5-Year Renewal
 - i. You will need to indicate:
 1. The Name of the Authorized Radiation Protection Inspection Agency that Performed Compliance Inspection
 2. The Date of Inspection
 3. The Inspection Result
- b. Submit a Relocation
 - i. You will need to indicate:
 1. The Name of the Authorized Radiation Protection Inspection Agency that Performed Compliance Inspection
 2. The Date of Inspection
 3. The Inspection Result
 4. The New Facility Name
- c. Submit a Repair
 - i. You will need to indicate:
 1. The Name of the Authorized Radiation Protection Inspection Agency that Performed Compliance Inspection
 2. The Date of Inspection
 3. The Inspection Result
- d. Submit a Replacement
 - i. You will need to indicate:
 1. The Name of the Authorized Radiation Protection Inspection Agency that Performed Compliance Inspection
 2. The Date of Inspection
 3. The Inspection Result

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26. Once your changes are made and all required fields have been filled out, click 'Save and Continue.'

27. Next, you will need to supply documentation to support the requests you are submitting.

- a. A Proof of Dosimetry Service is required for all changes to Radiation Facility Information.
- b. A Compliance Inspection Report is required for all changes made to equipment (additions, removals, relocations, etc.).

Radiation Facility – Update Existing Facility Information

4 Supporting Documentation Step 4 of 5

Note: All information with a red asterisk (*) is required.

Compliance Inspection Report

Please upload a copy of the inspection report for any piece of equipment that has had inspection information updated.
You are able to upload multiple inspection reports.

Proof of Dosimetry Service*

- Dosimetry forms must be dated within the last 6 months.
- Facility address must be clearly indicated on Dosimetry form. If there are multiple group numbers billed to one address, please provide proof for the group number assigned to the specific facility address.

28. Click 'Save and Continue' once the appropriate documents have been submitted.

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29. You will need to provide an electronic signature to confirm your Equipment Request. Click 'Save and Continue.' This process may take a moment.

Radiation Facility – Update Existing Facility Information

5 Attestations Step 5 of 5

Note: All information with a red asterisk (*) is required.

I certify that the above information is complete and accurate. The installation of the above equipment complies with all aspects of the Occupational Health and Safety Act and the CDSA Radiation Health and Safety Program. (The Employer or Employer Designated Dentist must certify). *



30. Once completed, your request is sent to the CDSA's Radiation Team to review and approve your request. A separate follow-up email will be sent once the College has reviewed and approved your application. No other action is required unless specified by the CDSA.

Radiation Facility – Update Existing Facility Information

Complete

Your update has been submitted.

The CDSA encourages you to explore and familiarize yourself with these processes with the new Practice Resources Portal.