



Submit the following no later than **June 30, 2021**. Items received after the due date are considered late regardless of postmark.

Laser Five-Year Compliance and Registration Renewal Checklist

- 1 **Authorized Radiation Protection Agency (ARPA) compliance inspection report**
Report to be completed by one of the following ARPAs:

Alberta Radiation Service Ltd.
8020 182 St NW, Edmonton AB T5T 0Z8

Contact (north/south): Keith Murland
P 780-487-3889 / TF 1-888-653-9200
abradser@telus.net

Diagnostic Solutions Inc.
10623 59 St NW, Edmonton AB T6A 2K5

Contact: Scott Simmons (north) / Leanne Anderson (south)
TF 1-866-626-1189 (main line for both contacts)
diagnosticsolutions@hotmail.com /
diagnosticsolutions.ca

Filipow Associates Inc.
6508 109 Ave, Edmonton AB T6A 1S2

Contact:
P 780-468-4833 info@filipow.ca / filipow.ca

RadMan Radiation Management Services Ltd.
868 Prestwick Circle SE, Calgary AB T2Z 4E4

Contact (north/south): Marianne Colman
P 403-903-2020 rad_man@telus.net

Remote Inspection: Some ARPAs offer remote inspection services, i.e., a paper-based compliance verification done via photos and other relevant documentation. Remote inspection forms can be found in the Documents section under “Modalities > Laser” on the member’s side of www.albertachiro.com, titled, “Z386-14 Checklist – Remote Inspection Compliance Verification Forms.” Remote inspections are accepted for five-year compliance and renewal purposes. Remote inspections are **not** accepted for a new laser registration.

- 2 **Laser equipment verification form** Page 2 of this package, to be completed in full.

- 4 **Online payment of the \$50 renewal fee** An email will be sent to you when this invoice is available for payment. Laser renewal is incomplete until this payment is made.

Submit all requirements via fax or email:

fax: 780-425-6583
anelson@albertachiro.com

Originals are not required.

Questions? Call the ACAC office at 780-420-0932 or 1-800-663-6058.

Laser Registration Renewal



Laser Equipment Verification Form

Complete this form in full and return it to the ACAC by **June 30, 2021**.

Print clearly. All areas must be completed.

1	Name(s) of Registered Owner(s) _____		
2	Address: _____		
	Equipment Location:	Treatment room # or name: _____	
		City:	Postal Code: _____
Type of Equipment (e.g. CO₂, Nd: YAG, InGaAs, etc.): _____			
Class 3b <input type="checkbox"/> Class 4 <input type="checkbox"/> Is the beam path fully enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Manufacturer:		Manufacture date: _____ / _____ / _____ <small>yyyy mm dd</small>
	Model:		Serial Number: (base, not probe)
	Stationary <input type="checkbox"/> Mobile <input type="checkbox"/>		
4	Status: Active <input type="checkbox"/> *Inactive <input type="checkbox"/> *Date Inactive: _____		
	*If your facility has been decommissioned, you must deregister it. Go to Modalities → Laser on the member's side of albertachiro.com to download and complete the Laser Deregistration Package .		
Declaration			
I, _____ (print owner(s) name(s)), solemnly declare that the information contained in this form is complete and accurate. I have completed a laser training course and I am competent in the use of laser equipment. I acknowledge the following:			
5	<ul style="list-style-type: none"> • I have pre-operation and post-operation checklists established. • I have proper signage that is prominently displayed when the laser is in use at all access points to the laser room. The signage is removed each time the laser treatment has ended. • My laser is in safe working order and is operated in a room where there is consideration for the risk of accidental exposure to any person. • I am aware that laser treatment delivery must be provided by only the chiropractor or appropriately trained staff members, as per ACAC Standard of Practice 4.2 Assignment of Clinical Duties (see "Activities that may be assigned," point 4). • I will operate this laser only within the scope of practice as authorized by the Alberta College and Association of Chiropractors. 		
	Owner(s) Signature(s) _____		Date _____