



1891 Preston White Drive, Reston, VA 20191-4397

**Diagnostic Modality Accreditation Program
Application Checklist**

Please read the instructions carefully. Make sure that all items are included. Incomplete packages will delay the accreditation process. The following list is to help you with your application. Check the blocks to identify items you are including in your Diagnostic Modality Application Package. Please return this form with your application.

From each practice site, please submit:

- One Practice Site Information Page
- One Practice Site Accreditation Survey Agreement
- One modality form for each accreditation program for which the site is applying
- One personnel list for all applicable imaging personnel under the practice site
- Appropriate accreditation fees

DO NOT SEND IMAGES WITH THE APPLICATION

After completing the forms, consult the payment worksheet, calculate your fee, and complete the following:

Payment enclosed in a check, payable to the ACR, for the amount of \$ _____
(Checks should include the name of the facility)

Credit-card payment in the amount of \$ _____

Card No.: _____ Exp. Date: _____ VISA MasterCard American Express

Name of Cardholder: _____ Signature: _____

Applications should be sent via a traceable method to:

Diagnostic Modality Accreditation Program
American College of Radiology
1891 Preston White Drive
Reston, VA 20191

Note: the practice site supervising physician and facility president/CEO or owner must sign the Practice Site Accreditation Survey Agreement. **The testing materials and final reports will be sent to the modality-specific supervising physician at each practice site. Please call the Diagnostic Modality Accreditation Program at (800) 770-0145 if you have any questions.**