



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: \_\_\_\_\_

If submitting by standard mail, applications should be sent to:

Diagnostic Modality Accreditation Program  
 American College of Radiology  
 P.O. Box 2348  
 Merrifield, VA 22116

If submitting by a traceable method, applications should be sent 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.**