

Place facility label here, if applicable

Facility Name: \_\_\_\_\_

**WORKSHEET ONLY  
YOU MUST APPLY ONLINE**

**COMPUTED TOMOGRAPHY ACCREDITATION PROGRAM MODALITY SECTION**

Supervising Physician: \_\_\_\_\_

Supervising Physician email address (This email will be used to send your Final Report and other important information. Please be sure that this is email is correct.): \_\_\_\_\_

Technologist Contact Person: \_\_\_\_\_ Technologist Contact Telephone: \_\_\_\_\_

Appointment Telephone: \_\_\_\_\_ Technologist E-mail Address: \_\_\_\_\_

Fill out a copy of this form (pages 1 and 2) for every CT unit at this location. All CT units at this site must provide the required images.

How many CT units are there at this location? (enter a number): \_\_\_\_\_

**Describe the CT unit(s) at this site.**

Unit # \_\_\_\_\_ Room Location # \_\_\_\_\_  
 Manufacturer *see code table* \_\_\_\_\_  
 Model Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Year Manufactured: \_\_\_\_\_  
 Place unit label here, if applicable

If other, specify manufacturer: \_\_\_\_\_

Date of last equipment evaluation/physics survey:	_____ (mm/dd/yyyy)		
Type of submission for Clinical images	<input type="checkbox"/> CD	<input type="checkbox"/> Film	Note: If Cardiac is selected, all clinical exams for this unit must be submitted on CD.
<b>Phantom images must be submitted on CD.</b>			
Is this unit a mobile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FOR EXISTING CT APPLICANTS ONLY:</b>			
Has the unit listed above been withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide the date it was inactivated: _____
Is the unit listed above new since your last accreditation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, did this new unit replace an older one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Which unit does this replace?	Model name: _____		Serial number: _____

Place facility label here, if applicable

Place CTAP barcode label here, if applicable

Facility Name: \_\_\_\_\_

Site #: \_\_\_\_\_

CTAP ID #: \_\_\_\_\_

**COMPUTED TOMOGRAPHY ACCREDITATION PROGRAM MODALITY SECTION**

You must apply for all modules and patient types that are performed on this unit. For accreditation purposes, pediatric patients are those 0 to 15 years of age. Place a check in the appropriate patient type column and by each module you perform on this unit. **DO NOT SEND IMAGES UNTIL NOTIFIED.**

- If this unit performs 1, 2 or 3 modules, 3 clinical examinations total (not 3 examinations per module) are required. At least one of the exams must be a specialty (denoted by an asterisk).
- If this unit performs all 4 modules, 4 clinical examinations total (not 4 examinations per module) are required. A specialty exam from the cardiac module is required (denoted by an asterisk).

Please select the appropriate patient type for this unit and select examinations only from the corresponding column.		
<input type="checkbox"/> Adult Patients Only	<input type="checkbox"/> Pediatric Patients Only	<input type="checkbox"/> Adult and Pediatric Patients At least 1 exam must be adult, and at least 1 exam must be pediatric.
<input type="checkbox"/> <b>Head/Neck Module</b>		
<input type="checkbox"/> Head CT (such as for headaches or to exclude neoplasm) <input type="checkbox"/> Temporal bones* <input type="checkbox"/> C-spine (such as for trauma)*	<input type="checkbox"/> Head CT (such as for headaches, seizures, or suspected mass) <input type="checkbox"/> Sinuses <input type="checkbox"/> C-spine* <input type="checkbox"/> Temporal bones*	<input type="checkbox"/> Adult head CT (such as for headaches or to exclude neoplasm) <input type="checkbox"/> Adult temporal bones* <input type="checkbox"/> Adult c-spine (such as for trauma)* <input type="checkbox"/> <u>Pediatric</u> head CT (such as for headaches, seizures, or suspected mass) <input type="checkbox"/> <u>Pediatric</u> sinuses <input type="checkbox"/> <u>Pediatric</u> c-spine* <input type="checkbox"/> <u>Pediatric</u> temporal bones*
<input type="checkbox"/> <b>Chest Module</b>		
<input type="checkbox"/> Chest CT (such as for lung cancer or cough) <input type="checkbox"/> Pulmonary embolus* <input type="checkbox"/> HRCT of chest* <input type="checkbox"/> Aortic dissection*	<input type="checkbox"/> Chest CT (such as for metastatic disease, trauma, infection, or cough) <input type="checkbox"/> HRCT of chest*	<input type="checkbox"/> Adult chest CT (such as for lung cancer or cough) <input type="checkbox"/> Adult pulmonary embolus* <input type="checkbox"/> Adult HRCT of chest* <input type="checkbox"/> Adult aortic dissection* <input type="checkbox"/> <u>Pediatric</u> chest CT (such as for metastatic disease, trauma, infection, or cough) <input type="checkbox"/> <u>Pediatric</u> HRCT of chest*
<input type="checkbox"/> <b>Abdomen Module</b>		
<input type="checkbox"/> Abdomen CT (such as for detection of possible liver mets or lymphoma) <input type="checkbox"/> Known cirrhosis (R/O hepatoma)* <input type="checkbox"/> Renal mass* <input type="checkbox"/> Pancreatic carcinoma*	<input type="checkbox"/> Abdomen CT (such as for trauma, suspected appendicitis, or abdominal pain) <input type="checkbox"/> Adrenal or renal mass*	<input type="checkbox"/> Adult abdomen CT (such as for detection of possible liver mets or lymphoma) <input type="checkbox"/> Adult known cirrhosis (R/O hepatoma)* <input type="checkbox"/> Adult renal mass* <input type="checkbox"/> Adult pancreatic carcinoma* <input type="checkbox"/> <u>Pediatric</u> abdomen CT (such as for trauma, suspected appendicitis, or abdominal pain) <input type="checkbox"/> <u>Pediatric</u> adrenal or renal mass*
<input type="checkbox"/> <b>Cardiac Module</b>		
<input type="checkbox"/> Calcium scoring for risk stratification <input checked="" type="checkbox"/> <b>CoronaryCTA* - REQUIRED</b> <input type="checkbox"/> Pulmonary vein mapping (such as for pre-ablation planning for treatment of atrial fibrillation) <input type="checkbox"/> Cardiac function and morphology (such as for tumor, congenital heart disease, aortic valve or cardiomyopathy)	<input checked="" type="checkbox"/> <b>Cardiac examination (such as for congenital disease)* - REQUIRED</b>	<input type="checkbox"/> Adult calcium scoring for risk stratification <input checked="" type="checkbox"/> <b>Adult coronaryCTA* - REQUIRED</b> <input type="checkbox"/> Adult pulmonary vein mapping (such as for pre-ablation planning for treatment of atrial fibrillation) <input type="checkbox"/> Adult cardiac function and morphology (such as for tumor, congenital heart disease, aortic valve or cardiomyopathy) <input type="checkbox"/> <u>Pediatric</u> cardiac examination (such as for congenital disease)*

Facility Name: \_\_\_\_\_

Site #: \_\_\_\_\_

CTAP ID no. \_\_\_\_\_

## COMPUTED TOMOGRAPHY ACCREDITATION PROGRAM MODALITY SECTION

To help us determine the most effective methods for communicating with the radiology community, please tell us how you heard about the CT Accreditation Program. *Check all that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Brochure mailing          | <input type="checkbox"/> ACR booth (name of meeting) _____                   |
| <input type="checkbox"/> Web site (describe) _____ | <input type="checkbox"/> Third party payer requirement (name of payer) _____ |
| <input type="checkbox"/> Conference (name) _____   | <input type="checkbox"/> State requirement                                   |
| <input type="checkbox"/> Other (describe) _____    |  |

## PEER REVIEW PRACTICES FOR COMPUTED TOMOGRAPHY

Effective April 1, 2007, all sites initially applying for ACR accreditation and all sites renewing their accreditation must have active participation in a physician peer-review program. RADPEER™ or an equivalent peer review program is required for accreditation. This section will ask about your modality's current physician peer-review status. **This section must be completed.**

1. Does your group participate in the ACR's RADPEER™<sup>1</sup> or eRADPEER™<sup>2</sup> program for computed tomography?  
<sup>1</sup> No      <sup>2</sup> Yes

If so, what is your RADPEER™ number? \_\_\_\_\_

2. If no, do you have a process for peer review that evaluates the accuracy of interpretation?  
<sup>1</sup> No      <sup>2</sup> Yes

3. Approximately, what percentage of images is reviewed per physician per year?  
 Less than 2%       3%       4%       5%       6% or greater

NOTE: For sites with an alternative physician peer-review program please answer the following questions.

4. Is there a peer review process that includes a double reading (2 physicians interpreting the same study) assessment?  
<sup>1</sup> No      <sup>2</sup> Yes
5. Does the peer review process allow for random selection of studies to be reviewed on a regularly scheduled basis?  
<sup>1</sup> No      <sup>2</sup> Yes
6. Are the exams and procedures representative of the work of each physician's specialty?  
<sup>1</sup> No      <sup>2</sup> Yes
7. Does the reviewer assess agreement of the original report with the subsequent review (or with surgical or pathological findings)?  
<sup>1</sup> No      <sup>2</sup> Yes
8. Is there a classification of peer review findings with regard to level of quality concerns (one example would be a 4-point scoring scale)?  
<sup>1</sup> No      <sup>2</sup> Yes
9. Are there policies and procedures for action to be taken on significantly discrepant peer review findings for the purpose of achieving quality outcomes improvement?  
<sup>1</sup> No      <sup>2</sup> Yes
10. Are summary statistics and comparisons generated for each physician by modality?  
<sup>1</sup> No      <sup>2</sup> Yes
11. Is there summary data for each facility/practice by modality?      <sup>1</sup> No      <sup>2</sup> Yes

<sup>1</sup> RADPEER™ is a simple process that allows peer review to be performed during the routine interpretation of current images. If, during interpretation of a new examination, there are prior images of the same area of interest, the interpreting radiologist will typically form an opinion of the previous interpretation while interpreting the new study. If the opinion of the previous interpretation is scored, a peer review event has occurred. In RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale.

<sup>2</sup> e RADPEER™ is a web-based program that allows submission of scores and acquisition of reports through a secure web site. As in RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale. For information on RADPEER™ or eRADPEER™ please go to the ACR Web site at [www.acr.org](http://www.acr.org).