

Place facility label here, if applicable

Place CTAP barcode label here, if applicable

Facility Name: _____

Site #: _____

CTAP ID no. _____

COMPUTED TOMOGRAPHY ACCREDITATION PROGRAM MODALITY SECTION

Supervising Physician: _____

E-mail Address*: _____

Technologist Contact Person (*contact person must be a technologist*): _____

Contact Telephone: _____

E-mail Address*: _____

* Automatic status updates will be e-mailed to the facility throughout the accreditation process.

How many CT scanners are there at this location? (*enter a number*): _____**Describe the CT scanner(s) at this site.**

Unit # _____ Specify room location or "mobile" _____

Manufacturer *see code table* _____Model Name: _____ Serial Number[†]: _____Year Manufactured[‡]: _____

Place unit label here, if applicable

Date of last equipment eval/ physics survey: _____

If other, specify manufacturer: _____

Is this unit new since your last accreditation? 1 No 2 Yes Withdrawn: 1 No 2 Yes Date Inactivated: _____Did this new unit replace an older one? 1 No 2 Yes Which unit does this replace? *Model name and serial #* _____Type of Scanner: 1 General 2 SpecialThis scanner is capable of performing: *check one* 1 Head/Neck, Chest and Abdomen Exams 2 Chest and Abdomen Exams 3 Head/Neck Exams

Check one scanner type below (adult and/or pediatric patients). Then, check one exam for each category based on the type of exams performed on this scanner. For general scanners, exams from each of the three categories must be submitted (categories are head/neck, chest, abdomen). For each scanner, at least one of the exams must be a specialty exam. Asterisks denote the specialty exams. If the scanner performs both adult and pediatric studies, at least one exam chosen must be from a pediatric patient between the ages of 0 and 15. If the scanner is a specialty scanner (one that does not perform head/neck, chest, or abdomen exams), three exams are still required from that scanner. For example, if the scanner only performs head/neck scans, then three head/neck exams must be submitted from that scanner. If the scanner only performs body scans, then either two chest and one abdomen exam or one chest and two abdomen exams will be required. Again, at least one exam must be a specialty exam.

Scanner type:	<input type="checkbox"/> 1 Adult Patients Only	<input type="checkbox"/> 2 Pediatric Patients Only	<input type="checkbox"/> 3 Adult and Pediatric Patients
	Select one exam from each category. At least one of the three must be a specialty exam.	Select one exam from each category. At least one of the three must be a specialty exam.	Select one exam from each category. At least one of the three must be a specialty exam and at least one must be a pediatric exam.
Exam Category	Head/Neck <input type="checkbox"/> 1 Head CT (for headaches or to exclude neoplasm) <input type="checkbox"/> 2 Temporal bones* <input type="checkbox"/> 3 C-spine for known or suspected fracture*	Head/Neck <input type="checkbox"/> 1 Head CT (for headaches, seizures, or suspected mass) <input type="checkbox"/> 2 Sinuses for infection <input type="checkbox"/> 3 C-spine* <input type="checkbox"/> 4 Temporal bones*	Head/Neck <input type="checkbox"/> 1 Head CT <input type="checkbox"/> 2 Temporal bones* <input type="checkbox"/> 3 C-spine for known or suspected fracture* <input type="checkbox"/> 4 <u>Pediatric</u> head CT <input type="checkbox"/> 5 <u>Pediatric</u> sinuses for infection <input type="checkbox"/> 6 <u>Pediatric</u> c-spine* <input type="checkbox"/> 7 <u>Pediatric</u> temporal bones*
	Chest <input type="checkbox"/> 1 Chest CT (for evaluation of known or suspected lung cancer or cough) <input type="checkbox"/> 2 CT for pulmonary embolus* <input type="checkbox"/> 3 High resolution CT of chest (HRCT)* <input type="checkbox"/> 4 CT for assessment of possible aortic dissection*	Chest <input type="checkbox"/> 1 Chest CT (for metastatic disease, trauma, infection, or cough) <input type="checkbox"/> 2 HRCT*	Chest <input type="checkbox"/> 1 Chest CT <input type="checkbox"/> 2 CT for pulmonary embolus* <input type="checkbox"/> 3 HRCT* <input type="checkbox"/> 4 CT for aortic dissection* <input type="checkbox"/> 5 <u>Pediatric</u> chest CT <input type="checkbox"/> 6 <u>Pediatric</u> HRCT*
	Abdomen <input type="checkbox"/> 1 Abdomen CT (for detection of possible liver mets or lymphoma) <input type="checkbox"/> 2 CT for known cirrhosis (R/O hepatoma)* <input type="checkbox"/> 3 CT for evaluation of known renal mass* <input type="checkbox"/> 4 CT for suspected pancreatic carcinoma*	Abdomen <input type="checkbox"/> 1 Abdomen CT (for blunt trauma, suspected appendicitis, or abdominal pain) <input type="checkbox"/> 2 Adrenal/renal mass*	Abdomen <input type="checkbox"/> 1 Abdomen CT <input type="checkbox"/> 2 CT for known cirrhosis (R/O hepatoma)* <input type="checkbox"/> 3 CT for evaluation of known renal mass* <input type="checkbox"/> 4 CT for suspected pancreatic carcinoma* <input type="checkbox"/> 5 <u>Pediatric</u> abdomen CT <input type="checkbox"/> 6 <u>Pediatric</u> adrenal/renal mass*

[†] The unique identifying number or code assigned to the scanner.[‡] Original manufacture date of the scanner. Do not use later upgrade date(s).

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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*

- Brochure mailing
- Web site (describe) _____
- Conference (name) _____
- Other (describe) _____
- ACR booth (name of meeting) _____
- Third party payer requirement (name of payer) _____
- State requirement

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™¹ or eRADPEER™² program for computed tomography?

- ¹ No ² 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?

- ¹ No ² 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?

- ¹ No ² Yes

5. Does the peer review process allow for random selection of studies to be reviewed on a regularly scheduled basis?

- ¹ No ² Yes

6. Are the exams and procedures representative of the work of each physician's specialty?

- ¹ No ² Yes

7. Does the reviewer assess agreement of the original report with the subsequent review (or with surgical or pathological findings)?

- ¹ No ² 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)?

- ¹ No ² 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?

- ¹ No ² Yes

10. Are summary statistics and comparisons generated for each physician by modality?

- ¹ No ² Yes

11. Is there summary data for each facility/practice by modality?

- ¹ No ² Yes

¹ 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.

² eRADPEER™ 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.



Computed Tomography Accreditation Program
American College of Radiology
1891 Preston White Drive
Reston, VA 20191

SCANNER TYPE ATTESTATION

This Scanner Type Attestation must be signed by the facility's supervising radiologist (lead interpreting physician). Original signatures are required. Please maintain a copy for your files. You may fax or send this completed form to the address below:

Scanner room # _____

Manufacturer: _____

Model: _____

Check one:

- This facility does not, nor will it, perform head diagnostic examinations on this CT scanner effective: _____
- This facility does not, nor will it, perform chest diagnostic examinations on this CT scanner effective: _____
- This facility does not, nor will it, perform abdomen diagnostic examinations on this CT scanner effective: _____

Please check the appropriate box, sign the statement below, and return this attestation to the ACR along with your application materials **only if your scanner does not perform the exams from the three required categories (i.e., head/neck, chest, and abdomen regions)**. Please reference the CT Program Requirements. You may also fax it to (703) 295-6776.

Performing a CT examination with a scanner that has not been accredited for that examination type may jeopardize accreditation status.

If you have any questions, please call (800) 770-0145.

Lead Interpreting Physician's Signature

Date

Printed Name