ACR office use only:
Practice Site No.

ACR AMERICAN COLLEGE OF RADIOLOGY 1891 Preston White Drive, Reston, VA 20191-4397

Diagnostic Modality Accreditation Program
Practice Site Information

Please make copies of this blank form for each additional practice site for which you are applying. Please complete each corresponding section for the accreditation programs for which you are applying. Each site must meet all of the requirements listed in the Overview and modality-specific Program Requirements.

Facility Name: *(maximum of 60 characters; this name will appear on both your ACR certificates and on all correspondence)*

Location Address:

Street Address: _____

_____

City/Town: _____ State/Province: _____ ZIP: _____ Military: _____

Mailing Address (if different from above):

Street Address: _____

_____

City/Town: _____ State/Province: _____ ZIP: _____ Military: _____

Telephone (appointments): (_____) _____ Ext. _____ Fax: (_____) _____

Practice Site Supervising Physician: _____
First MI Last Degree

Practice Site Administrator: _____
First MI Last Degree

Administrator telephone: (_____) _____ Ext. _____ E-mail address: _____

Services provided at this Practice Site:

Modality Name	Services Provided	Avg. # Exams (per year)	ACR Accreditation #	Applying for modalities/modules *(please check all that apply)*:
Breast Ultrasound	☐		BUAP#_____	☐ Breast Ultrasound ☐ US Guided Breast Biopsy
Computed Tomography	☐		CTAP#_____	☐ Computed Tomography
Magnetic Resonance Imaging	☐		MRAP#_____	☐ Head ☐ Cardiac ☐ Spine ☐ Body ☐ MRA ☐ MSK
Nuclear Medicine Imaging	☐		NMAP#_____	☐ Planar ☐ SPECT ☐ Nuclear Cardiology
PET Imaging Module	☐		PETAP#_____	☐ Oncology PET ☐ Brain PET ☐ Cardiac PET
Stereotactic Breast Biopsy	☐		SBBAP#_____	☐ Stereotactic Breast Biopsy
Ultrasound	☐		UAP#_____	☐ OB ☐ GYN ☐ General ☐ Vascular

Which of the following best describes this practice setting? *check one*

☐ 1 Hospital – inpatient center
☐ 2 Hospital – outpatient center
☐ 3 Hospital (both inpatient and outpatient centers)
☐ 4 Freestanding Radiology Center/Office
☐ 5 Non-radiology private office
☐ 6 Multi-specialty clinic
☐ 11 Mobile Unit
☐ 99 Other *specify* _____

Are the interpreting physicians for this practice site location: *check one*

☐ 1 Radiologists
☐ 2 Non-Radiologists
☐ 3 Both