

This New Supervising Radiologist Agreement must be signed by an accredited facility's new supervising radiologist (lead interpreting physician). Original, electronic or faxed signatures are required and considered legally binding for this agreement. Stamped signatures are not acceptable.



Mammography Accreditation Program
1891 Preston White Drive
Reston, VA 20191

NEW SUPERVISING RADIOLOGIST AGREEMENT

The undersigned hereby notifies the ACR of a change in supervising radiologist (i.e., lead interpreting physician) from the individual identified during the last accreditation application.

Facility Name and Address: _____

As a condition of maintaining this facility’s accreditation, the new Supervising Radiologist (Lead Interpreting Physician) agrees to the following responsibilities outlined in the previously signed Accreditation Survey Agreement:

1. Ensure that quality assurance and all other accreditation criteria are met and continue to be complied with during the accreditation period.
2. Perform review of mammography practice on-site by the off-site supervising radiologist (lead interpreting physician) at least quarterly, consistent with the “Off-Site Radiologist” paragraph in the document entitled Mammography Accreditation Program Overview.
3. Submit requested personnel, equipment and QC data to the ACR during the annual update.
4. Upon timely notice, and if requested by the ACR, submit to a post-accreditation on-site visit conducted by a survey team designated by the ACR. In connection with the on-site survey, provide all documentation, including but not limited to QC logs, images, records, or any necessary information requested by the survey team and cooperate with the survey team.
5. Provide immediate written notice of a change in the supervising radiologist (lead interpreting physician), owner or the mammography unit to the ACR.
6. Provide immediate written notice to the ACR upon the initiation of any action to change FDA-approved accrediting bodies.
7. Provide immediate written notice to the ACR upon the termination of mammography services provided by the facility.
8. Remove from public display all ACR Accreditation Certificates, Certification Marks and Decals provided to the facility as a result of this survey agreement upon termination of mammography services provided by the facility or upon request by the ACR.
9. Ensure patient notification and access to medical records if the facility ceases operations as the result of bankruptcy, dissolution, insolvency or other actions affecting the facility’s ability to function.

The above obligations are agreed to and understood. Failure to abide by any of these conditions could result in suspension or revocation of accreditation. These obligations will survive the grant or denial of accreditation by the American College of Radiology.

Executed on _____ Date _____ Signature of Supervising Radiologist/Lead Interpreting Physician _____

Print Name of Supervising Radiologist/Lead Interpreting Physician