



SUPERVISING RADIOLOGIST CHANGE MEMORANDUM

DATE: _____

TO:

Facility Address Label

FROM: _____
Staff, ACR Mammography Accreditation Program

SUBJECT: Notification of Supervising Radiologist Change

The ACR Mammography Accreditation Program has been informed that your facility’s supervising radiologist (lead interpreting physician) has changed since your previous accreditation application.

In order to comply with the requirements for accreditation, please complete and return the following information *along with this memorandum* (within 30 days from the date of this memorandum):

- New Supervising Radiologist Agreement (must be signed by your facility’s Supervising Radiologist)
- MQSA Information Release Authorization Form (must be signed by your facility’s Supervising Radiologist)
- Section G – Radiologist (Interpreting Physician) form

Faxed signatures are acceptable and will be treated as legally binding. You may mail this information to the address below or fax it to my attention at (703) 648-9176.

Thank you for your cooperation and continued interest in providing quality services by maintaining your accreditation with the American College of Radiology. If you have any questions, please contact the Mammography Accreditation Program at (800) 227-6440.