Diagnostic Imaging Center of Excellence Application (Part 1 of 3)

In order to be eligible for the ACR's Diagnostic Imaging Center of Excellence (DICOE) designation, a center must be accredited by the ACR in all modalities that they provide. You must also participate in the ACR's General Radiology Improvement Database (GRID) and the Dose Index Registry (DIR) if applicable. Applicants agree to an on-site survey by a team that includes a radiologist, a medical physicist and ACR staff.

| - фрос. | on Type * |
|------------|---|
| O New | Renewal |
| Master Fa | cility Name * |
| This name | e will appear on your ACR Diagnostic Imaging Center of Excellence award |
| | |
| | |
| Master Fa | cility Location Address * |
| | |
| | |
| | |
| Contact P | erson * |
| | |
| Contact P | hone Number * |
| | |
| 0 | |
| Contact E | maii ——————————————————————————————————— |
| | |
| Facility S | pervising Physician |
| | |
| Fa ailin a | mamiaina Dhuaisian Talambana Numban |
| racility S | upervising Physician Telephone Number |
| | |

| Quality Management Manager |
|--|
| Quality Management Manager Telephone |
| Quality Management Manager Email |
| Radiation Safety Officer (RSO) |
| Radiation Safety Officer Telephone |
| Radiation Safety Officer Email |
| Total number of facilities included in this application * Including Master Facility (Number field) |
| National Radiology Data Registry |
| Facility Master Registry Number |
| Facility Master Registry Name |
| Facility Master Registry Address |
| Please be sure to click on the box below to get a copy of your application sent to you. You will need this in order to submit payment. |
| Send me a copy of my responses |

JIMANG

Powered by **y** smartsheet

Privacy Notice | Report Abuse