

Services Provided and Existing Accreditation at this Practice Site (Part 2 of 3)

Complete this page for each facility within your group. This page will reload once you hit "submit" at the bottom and allow you to enter multiple facilities within your group. Your application is not complete until you complete the 'Payment Method' sheet.

Master Facility Name

Please use the same name on the previous page. This will be the name on the DICOE award.

Facility Name *

Please re-enter even though it might be same as the Master Facility Name

Street Address *

City *

State *

Zip Code *

DIR/GRID Facility ID

This is not a Master facility ID. This is a child facility.

Breast MRI

BMRAP Number

Breast MRI Number of Units

Breast MRI Expiration Date

Breast Ultrasound

BUAP Number

Breast Ultrasound Number of Units

Breast Ultrasound Expiration Date

Computed Tomography

CTAP Number

CT Number of Units

CT Expiration Date

Magnetic Resonance Imaging

MRAP Number

MRI Number of Units

MRI Expiration Date

Mammography

MAMM...

MAP Number

Mammography Number of Units

Mammography Expiration Date

Nuclear Medicine Imaging

NMAP Number

NM Number of Units

NM Expiration Date

PET Imaging Module

PETAP Number

PET Number of Units

PET Expiration Date

Stereotactic

SBBAP Number

SBB Number of Units

SBB Expiration Date

Ultrasound

UAP Number**US Number of Units****US Expiration Date**

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

Your application is not complete until you complete the 'Payment Method' sheet.


Payment method

If you have no other application to submit, please click on the link below to submit your payment method. Your application will not be processed without this step.

<https://app.smartsheet.com/b/form/35e8f1c55882407f99988501ef7c66c4>

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