



**Radiation Oncology Practice Accreditation Program  
1891 Preston White Drive  
Reston, VA 20191**

**Login Change Request Form**

This form is for Radiation Oncology accreditation accounts.

The listed medical director or the facility administrator must authorize all login changes. It is the responsibility of the login to notify ACR of changes in contacts, submitting applications, submitting cases, and updating any changes for the facility after accreditation is achieved. Failure to update this information could delay applications and communication.

Since each facility ID can only have one online login, it is important to use the existing login to access an account. If the existing login is no longer responsible for the accreditation account, or if you need to change the login for an account, please complete this form to update the login email address.

**All fields must be complete to process login changes.**

**First & Last Name:** \_\_\_\_\_

**New Login's Email:** \_\_\_\_\_

**New Login's Contact Phone:** \_\_\_\_\_

***Please Note: This form is not used to change the login for diagnostic or breast imaging accounts.***

Please list all facility ID numbers to be assigned to the above login email:

(The facility ID number is FML – located towards the bottom of the accreditation certificate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed forms may be emailed or faxed to ACR.

Emailed forms **MUST** be received from the email on file of the Medical Director or Facility Administrator. **Email to [rad-onc-accred@acr.org](mailto:rad-onc-accred@acr.org)**

**OR**

<b><i>*For Faxed Forms Only:</i></b>
Fax number: 703-390-9836
_____ (Name of Medical Director or Facility Administrator)
_____ (Signature)