

**ARIZONA RADIATION REGULATORY AGENCY**  
**APPLICATION FOR MAMMOGRAPHY SCREENING AND SELF REFERRAL**

Does your facility perform mammography screening?	YES	NO
If you answered NO above, you are not required to submit an application.		

Reason for application?		
Check appropriate selection and provide registration number if currently registered.		
<b>New Facility</b>	<b>Renewal</b>	<b>IF RENEWAL, PROVIDE REGISTRATION NUMBER BELOW</b>
<b>- MM -</b>		

<b>Business Name</b>			
<b>Physical Address</b>	Street Address		Suite Number
	City	State <b>Arizona</b>	Zip Code
<b>Are you a MOBILE mammography service?</b>		<b>YES</b>	<b>NO</b>

<b>Contact Name</b>			<b>Title</b>		
<b>Phone No.</b>		<b>Fax No.</b>		<b>Email</b>	

<b>Check the type(s) of exams performed</b>		Screening	Diagnostic
<b>Check type of imaging system</b>	FFDM	CR	Film/Screen
<b>Check location of image interpretation</b>	On site	Off site	Both

<b>Lead Interpreting Physician's Name</b>	
<b>Medical Physicist's Name</b>	
<b>QC Technologist's Name</b>	

Does the facility conduct patient self-referral mammography screening examinations?	
<b>YES</b>	<p>If yes, provide the following attachments with your application;</p> <ol style="list-style-type: none"> <li>The physician approved guide for accepting self-referrals by patients.</li> <li>A copy of the facility's quality assurance program or indicate by checking the box that the QA program is unchanged since reviewed at the facility's last inspection. <b>NO CHANGES</b></li> <li>The medical physicist's evaluation report of the facility. Attach Pass/Fail sheet for each unit.</li> <li>Indicate how the facility ensures that the equipment is operating properly at the start of each day. Equipment Manufacturer's QC program - or - Other</li> </ol> <p>If other, describe:</p>
<b>NO</b>	No additional attachments required.

<b>The applicant or any official executing this application on behalf of the applicant certifies that this application has been prepared in accordance with Arizona Administrative Code, Title 12, Chapter 1, and all information contained on this application, including any supplements and attachments, is true and correct to the best of his or her knowledge and belief.</b>			
Date	Name	Signature	Title