



Directions: Complete this form ELECTRONICALLY to apply for state certification as a mammography facility and to apply for the appropriate exemption required to perform screening mammography without the exposure to ionizing radiation being prescribed by a licensed practitioner. Submit completed form (with attachments in Section 4) to XRAY@AZDHS.GOV. This form shall be included with initial registration applications, to report any changes to the information below, and to renew the facility screening mammography certification. There is no fee for this form. Incomplete submissions will be returned.

Section 1. Registration Information

Registration Number		Current Registration Amendment Number		OR <input type="checkbox"/>	Part of Application for NEW facility
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Section 2. Facility Information

Facility Name			
FULL Address			
Contact Name		Title	
Email & Phone			

Section 3. Certification Requirements

Type of Exams Performed	<input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic	[Ref: A.R.S. 30-651]
A quality assurance program has been established and is in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Ref: A.A.C. R9-7-614(B)]
All interpreting physicians have the required training and experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Ref: A.A.C. R9-7-615(A)(1)(a)]
All interpreting physicians have met the minimum criteria established by their respective licensing boards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Ref: A.A.C. R9-7-615(A)(1)(a)(i)]

Section 4. Self-Referred and Self-Requesting Patient Policy**Does this facility accept self-referred patients for mammography screening exams?**

Self-referred patients are those who come for mammography, but have no health care provider, or who decline a health care provider, or for whom the provider declines responsibility.

<input type="checkbox"/> Yes	Include attachments to this form describing the physician-approved guide for accepting self-referrals by patients [A.R.S. 32-2843(A)] and the facility's system to refer such patients to a health care provider when clinically indicated.
<input type="checkbox"/> No	No attachment required. Note that MQSA, final regulations, nor Arizona regulations require a facility to accept self-referred patients.

Does this facility accept self-requesting patients for mammography screening exams?

Self-requesting patients are those who come for mammography on their own initiative, but are able to name a health care provider (or accept a health care provider offered by the facility) who accepts responsibility for that patient's clinical breast care.

<input type="checkbox"/> Yes	Include an attachment to this form describing if the facility accepts responsibility for the patient's clinical breast care or how the facility names a health care provider. Please note that in the event that the health care provider declines to accept the mammography report from the facility, the patient should be treated as if they were self-referred.
<input type="checkbox"/> No	No attachment required. Note that MQSA, final regulations, nor Arizona regulations require a facility to accept self-requesting patients.

Section 5. Applicant Signature and Acknowledgement

Print Name			
Signature		Date	