AMERICAN COLLEGE OF SURGEONS

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Privileged and Confidential Peer Review
Chapter 225, Section 60/5 of the Illinois Compiled Statutes

American College of Surgeons — Stereotactic Breast Biopsy Accreditation Program Entry Application—Page 1

Each physical location of one or more stereotactic breast biopsy units requires a separate application regardless of ownership. Type or print clearly and keep a copy of this application. Please answer all questions. ***Do not submit an application if you do not meet all of the requirements specified in questions 2 through 7.*** **Your application must include (1) completed entry and verification form, (2) a signed survey agreement, (3) and the accreditation fee. Incomplete applications will be returned.** Upon acceptance of this application by the ACS, a full application package with testing materials will be sent to you.

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1. **Facility Name:** _____ **EIN:**

   Street Address: _____

   _____

   City/Town: _____ **State/Province:** ____ **ZIP:** _____

   Telephone: _____ **Fax:** _____

   Contact Person: _____ **Contact E-Mail:** _____

   Contact Telephone: _____ **Ext.** _____

You must meet all of the following requirements to apply. See instructions on Page 3.

2. Supervising physician's name: _____

3. Does the supervising physician meet the requirements as described on the verification form? ☐ No ☐ Yes

4. Do all technologists meet the requirements on page 3? ☐ No ☐ Yes

5. Do all medical physicists meet the requirements on page 3? ☐ No ☐ Yes

6. Do you have an annual medical physicist survey of each unit? ☐ No ☐ Yes

7. Does this facility collect outcome data for each of the required categories? ☐ No ☐ Yes

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After completing the form, consult the remittance worksheet below, calculate your fee, and complete the following:

The application fee is $_____ ☐ Check enclosed payable to ACS **or** ☐ Charge credit card

Card No. _____ Exp. Date _____ ☐VISA ☐ MasterCard

Name of Cardholder: _____ Signature: _____

Remittance Worksheet

The fee for the first stereotactic unit at the facility is $1,900. Each additional unit after the first is $1,600.

First stereotactic unit	$ _____
___ additional units @ $1,600 each	+ $ _____
Total Fee	**$ _____**

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American College of Surgeons **Stereotactic Breast Biopsy Accreditation Program Entry Application—Page 2**

1. Facility name: _____

Make copy of blank form for additional stereotactic biopsy and processing units.

Describe the stereotactic unit(s) at this site. See unit code table on page 3.

Unit 1: **Manufacturer** *see instructions for code:* ☐ ☐ ☐ *If other, specify manufacturer:*_____

Model Name: _____ **Serial Number:** _____

Year Manufactured: _____

Type of unit: ☐ Add-on ☐ Prone table

Type of Recording System: ☐ Screen-film ☐ Digital

Unit 1: **Manufacturer** *see instructions for code:* ☐ ☐ ☐ *If other, specify manufacturer:*_____

Model Name: _____ **Serial Number:** _____

Year Manufactured: _____

Type of unit: ☐ Add-on ☐ Prone table

Type of Recording System: ☐ Screen-film ☐ Digital

Describe the processing unit(s) at this site (if applicable). See unit code table on page 3.
For totally digital systems, no processing information is required.

Processor 1: **Processor Manufacturer** *see instructions for code:* ☐ ☐ *If other, specify manufacturer:*

_____

Processor Model Name _____ **Serial Number:** _____

Processor 2: **Processor Manufacturer** *see instructions for code:* ☐ ☐ *If other, specify manufacturer:*

_____

Processor Model Name _____ **Serial Number:** _____

☐ **Check this box if this is the last page of the application**

Mail your completed application to:

Stereotactic Breast Biopsy Accreditation
American College of Surgeons
633 North Saint Clair Street
Chicago, IL 60611

American College of Surgeons — Stereotactic Breast Biopsy Accreditation Program Entry Application—Page 3

1. **Facility name:** Enter the facility name as it should appear in all official correspondence and on the certification of accreditation. Be certain it appears on each page of this application.

2. **Supervising physician:** Name of the official applicant for this facility who will be cited on all correspondence. He or she must meet requirements including (but not limited to) those listed on the verification form.

Requirements for Radiological Technologist and Medical Physicist

	Radiological Technologist	Medical Physicist
Initial Credentialing	• ARRT registered, *or* • State licensure	• ABR certification, *or* • ABMP certification, *or* • State licensure, *or* • State approval
Initial Training	• Performed at least 200 mammograms every 24 months • 3 Category A CEUs in stereotactic breast biopsy	Have a master's degree or higher in a physical science with 20 hours of physics and 20 hours of training conducting surveys or if qualified under MQSA before 4/28/1999, have a BS in physical science with 10 hours of physics and 40 hours of training conducting surveys
Initial Experience	Performed 5 stereotactic breast biopsy procedures under supervision	• 1 facility and 10 units, or if qualified before 4/28/99 with BS in physical science, 1 facility and 20 units • Performed 1 hands-on stereotactic breast biopsy survey under a qualified medical physicist
Continuing Experience	12 stereotactic breast biopsy exams per year Perform at least 200 mammograms every 24 months	Survey 1 stereotactic breast biopsy unit per year
Continuing Education	3 Category A CEUs in stereotactic breast biopsy every 3 years	3 CEUs in stereotactic breast biopsy every 3 years

3. **Requirements for outcome data collection:** Facilities applying for accreditation will be asked to submit specific data values for each of the following categories in the full application.

Total number of procedures
Total number of cancers found
Total number of stereotactic biopsies needing repeat biopsy
- Repeat biopsies: Insufficient sample
- Repeat biopsies: Non-concordance with imaging
- Repeat biopsies: Ductal atypia, radial scar
- Repeat biopsies: Other

Total number of benign lesions
Total number of complications
- Complications: Hematoma requiring surgical attention
- Complications: Infection requiring treatment
- Complications: Other

Stereotactic and Processing Unit Codes

Stereotactic Unit Manufacturers: Please find the one code that identifies the manufacturer of the mammographic unit.

BEXR – Bennett CGRM – CGR Thompson DELM – Del Med Systems HGFC – Fischer	GEMS – General Electric GEND – Gendex-Del GENX – General X-Ray IMSC – IMS	INRU – Instrumentarium LRAD – Lorad MOTI – Moti PHMS – Philips	PICO – Picker PLAN – Planmed SIEC – Siemens SORX – Soredex	TREX – Trex Medical OTHR – Other (and specify)

Processor Manufacturers: Please find the one code that identifies the manufacturer of the processor.

01-3M 02-AFP 03-Agfa	04-AlphaTek 05-Curix 06-DuPont	07-Ecomat 08-Fuji 09-Hope	10-Kodak 11-Konica 12-Pako	13-Philips 14-Picker 15-Vari-X 99-Other (specify in space provided)

Upon acceptance of your application the ACS will send you instructions and bar-coded labels for submission of clinical images, the phantom images and a dosimeter. Copies of images are acceptable.
NOTE: It is assumed by the reviewers that the images submitted are examples of your best work.

American College of Surgeons **Stereotactic Breast Biopsy Accreditation Program Entry Application—Page 4**

Please print or type. List personnel for this facility. You may photocopy this form, if necessary. Return this list with your completed application.

Personnel Summary List

Physician

List each physician who performs stereotactic breast biopsies for this facility.

Last Name	First Name	MI	Degree	Check Box (if applicable)
				☐ NEW since last application
				☐ NEW since last application
				☐ NEW since last application
				☐ NEW since last application
				☐ NEW since last application
				☐ NEW since last application
				☐ NEW since last application
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