

Login Change Request Form

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**American College
of Radiology™**

**Diagnostic Modality Accreditation Programs
1892 Preston White Drive
Reston, VA 20191**

All login changes **must** be authorized by the listed Supervising Physician or the Facility Administrator.

Login users are the primary contact on the accreditation account. The login user has access to complete online applications, testing packages, and update any changes for the facility after accreditation is achieved. Failure to maintain a current login person may result in communication delays from the ACR.

Each modality can only be assigned to one email address; you cannot have more than one email access the same modality ID number. You may have more than one modality assigned to an email address.

All fields must be completed

Print First & Last Name: _____

Login Email Address: _____

Login Contact Phone Number: _____

Please Note: This form is not used to change the login for mammography accounts.

List below all applicable diagnostic modality & ID numbers to be assigned to the above user. Applicable diagnostic modality ID numbers will begin with CTAP, MRAP, NMAP, PETAP, UAP, BUAP, BMRAP or SBBAP following with the 5 digit ID number that starts with 0 or 5.

Example: MRAP 09876, NMAP 59123, UAP 07559. **Login will not get processed if you fail to provide both modality & ID number.**

Submit a Ticket with the completed form through accreditation support

<https://accreditationsupport.acr.org/support/tickets/new>

NOTE: After the online user changes, the prior user will no longer have access to log into the modality account or any of the modality information or applications. The new online user will have the login and access to all modality information, applications, and possible PHI provided by the facility during testing package/image submissions.

Supervising Physician or Facility Administrator (Print Name)

(Signature)

(Date)