

## **Mammography Accreditation Login Change Request Form**

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Code of Virginia 8.01-581.17



**American College  
of Radiology™**

**Mammography Accreditation Programs  
1892 Preston White Drive  
Reston, VA 20191**

All login changes must be authorized by the Lead Interpreting Physician.

Login users are the primary contact on the accreditation account. They are responsible for completing applications, testing packages, and updating any changes for the facility after accreditation is achieved. Failure to maintain a current login person may result in delays in communication 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 complete in order for the login change to be processed.**

**Login First and Last Name:** \_\_\_\_\_

**Login Email:** \_\_\_\_\_

**Login Phone:** \_\_\_\_\_

**Please list all MAP ID numbers to be assigned to the above user:**

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

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.

\_\_\_\_\_  
Name of Lead Interpreting Physician (Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
( Date )