ARRA-13 https://arra.az.gov Phone (602) 255-4845
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ARIZONA RADIATION REGULATORY AGENCY
APPLICATION FOR MAMMOGRAPHY SCREENING AND SELF REFERRAL

Does your facility perform screening mammography?	☐ YES	☐ NO
If you answered no then you do not need to submit this form.		

Check appropriate selection and provide registration number if currently registered.		
☐ New Facility	☐ Renewal	☐ Amendment
	Date:	MM -

Business Name			
Physical Address	Street Address		Suite
	City	State	Zip
Are you a **MOBILE** facility?		☐ Yes	☐ NO

Contact Name				Title	
Phone Number		Fax		Email	

Type of exams performed		☐ Screening	☐ Diagnostic
Type of imaging system	☐ Tomo	☐ FFDM	☐ CR ☐ Film
Location of image interpretation		☐ Onsite	☐ Offsite ☐ Both

Lead Interpreting Physician's name	
Physicist's name	
QC technologist's name	

Does the facility conduct Self-referral mammography screening exams?	
☐ YES	If yes, provide the physician approved policy for accepting self-referral patients.
☐ NO	No additional attachments required.

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.

Date	Name	Signature	Title