



**REQUEST FOR AGENCY ACTION**  
**CERTIFICATION APPLICATION - MAMMOGRAPHY**

Version 07/01/2022

**A. FACILITY INFORMATION**

FACILITY NAME					
STREET ADDRESS			MAILING ADDRESS		
STREET ADDRESS CONTINUED			MAILING ADDRESS CONTINUED		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	FACILITY EMAIL			
SUPERVISING PHYSICIAN		LICENSE NUMBER		CATEGORY	
SUPERVISING PHYSICIAN EMAIL				PHONE NUMBER	

**TYPE OF FACILITY (CHECK ALL THAT APPLY)**

**ACCREDITATION INFORMATION**

<input type="checkbox"/> STATIONARY (# OF UNITS)		ACR ACCREDITATION ISSUE DATE	
<input type="checkbox"/> MOBILE (#OF UNITS)		ACR ACCREDITATION EXPIRATION DATE	
		FDA REGISTRATION NUMBER	
		FDA REGISTRATION EXPIRATION DATE	

**B. ACTION REQUESTED**

<input type="checkbox"/> INITIAL CERTIFICATE	Include fees, application, FDA certificate, ACR certificate, Medical Health Physicist certificate
<input type="checkbox"/> CERTIFICATE RENEWAL	Include fees, application, FDA certificate, ACR certificate, Medical Health Physicist certificate
<input type="checkbox"/> CHANGE OF OWNERSHIP	Include agreement, application, fees, FDA certificate, ACR certificate, Medical Health Physicist certificate
<input type="checkbox"/> CHANGE IN SUPERVISING PHYSICIAN	Include fees, application
<input type="checkbox"/> CHANGE IN NAME	Include fees, application

**C. STAFF INFORMATION**

RADIOLOGY TECHNOLOGIST	LICENSE NUMBER	CATEGORY
MEDICAL (HEALTH) PHYSICIST		

**D. OWNERSHIP OF FACILITY/AGENCY**

Indicate the type of ownership, including the name and address for each.

- Individual (Also include documentation to verify citizenship)  
  Corporation  
  Partnership  
  Limited Liability Corporation  
 Other (Describe)

OWNERSHIP NAME	PHONE NUMBER
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STREET ADDRESS	CITY	STATE	ZIP
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**E. OFFICERS/OWNERS OF FACILITY/AGENCY**

Indicate the percentage of ownership interest of the officer, member of the board of directors, trustees, stockholders, partners or other persons who have greater than 25% interest in the facility. Add additional pages if necessary.

OWNER NAME	TITLE	PERCENT OF OWNERSHIP
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STREET ADDRESS	CITY	STATE	ZIP
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OWNER NAME	TITLE	PERCENT OF OWNERSHIP
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STREET ADDRESS	CITY	STATE	ZIP
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OWNER NAME	TITLE	PERCENT OF OWNERSHIP
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STREET ADDRESS	CITY	STATE	ZIP
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**CERTIFICATION OF UNDERSTANDING**

I understand this request constitutes a Request for Agency Action as specified in Utah Code Annotated 63G-4 and serves as the formal document upon which a certification decision will be based. I agree to abide by the rules promulgated by the State of Utah for this category of health care facility and do hereby state that the information provided on this application is true to the best of my knowledge and belief.

I agree to allow authorized representatives of the Department of Health and Human Services upon presentation of proper identification to enter the facility at any reasonable time without a warrant and to review facility records and documents as necessary to ascertain compliance with State certification law and rules pursuant to Section 26-21a-203.

NAME	TITLE
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SIGNATURE	DATE
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Please include, or make arrangement for, submission of the following documents with your application:

- 1 Make checks payable to the Utah Department of Health and Human Services.
- 2 Personnel: (Provide the following information):
  - \* Physician Supervisor: Name and Utah license number;
  - \* Radiology Technologist: Name and Utah license number;
  - \* Medical (Health) Physicist: Name; the Medical (Health) physicist must be approved by the Department of Environmental Quality.
- 3 Provide a copy of documentation issued by the FDA showing that the FDA has approved mammography equipment and that radiation safety practices comply with FDA requirements.
- 4 Provide a copy of the ACR and FDA certificates.

**Note: This request for Agency Action/Certification Application shall be considered complete only upon submission of this form, the appropriate licensing fee, required documentation, and the applicable local and state clearances. Failure to submit a complete packet prior to the start of operation or expiration of an existing certificate will result in appropriate sanction as provided for in Utah Code Annotated 26-21 et seq and Utah Department of Health and Human Services rules.**