# Registration Information Checklist

## 1. Site and Contact Information

- Verify imaging facility address
- Designated contact person
- Hours of operation
- Accreditations and expiration dates

## 2. Equipment Information

### For each modality *(if applicable)*

- Manufacturer
- Model
- Year Made
- Number of channels
- Magnet strength
- Table weight limit *(if applicable)*
- Volume of exams per month
- Accreditations and expiration date
- State registration and expiration date
- Procedures performed
- Average lead time to schedule appointment

## 3. Staff Information

### For each Interpreting Physician

- Specialty
- Board certification and effective date
- Sub specialties/CAQ

### For each Technologist/Imager

- State license number and expiration date(s)
- Modalities performed
- Certification(s) by modality
- Certification expiration date(s)

## 4. Shared and Mobile Services

- Other users of equipment & facility

**Note: All registration information is subject to audit verification**