



FAP 1100

Facility Accreditation Application CHECKLIST

Submit this checklist with your documents. ISCD will accept NO Private Health Information (PHI) and any received will be destroyed and a notice sent back to sender stating such.

- Application Face Sheet (Form FAP1110)
- Accreditation Payment Advice (FAP1120)
- Signed Facility Accreditation Agreement (FAP1130)
- Standard Operating Procedures Worksheet (Form FAP1140)

For EACH DXA Scanner:

- DXA Scanner QA/QC Worksheet (Form FAP1150) (submit one worksheet per scanner)
- One Spine Phantom Scan* (Show the individual and total areas for L1-L4)
- One Plot Graph covering ~50 recent Spine Phantom scans. (Upper and lower limits of the acceptable range should be visible on the graph.)

For EACH Interpreter:

- DXA Interpreter Worksheet (Form FAP1160) (submit one worksheet per Interpreter)
- Attestation and Cover Sheet for Interpreters (FAP 1160-C)
- One baseline and one follow-up DXA Report from same patient (with comparison to baseline)
- The DXA scans* referenced in each submitted interpretive report, different from scans submitted by technologist(s).

For EACH Technologist:

- DXA Technologist Worksheet (Form FAP1170) (submit one worksheet per Technologist)
- Attestation and Cover Sheet for Technologists (FAP 1170-C)
- Results for the most recent in-vivo precision assessment including values for Spine L1-4, Total Femur, and individual Femoral Neck. Include both precision error and LSC for each site. (This can be in the form of ISCD Precision Calculator pages.)
- One baseline and one follow-up Spine Scan* for the same patient (If serial scans from the *same* patient are not available, scans from the tech's precision study can be substituted.)
- One baseline and one follow-up Femur Scan* for the same patient
- One Forearm Scan*

***SEE SECTIONS 1160 and 1170 FOR DETAILED INSTRUCTIONS FOR SCAN AND REPORT SUBMISSIONS**



FAP 1110

Application Face Sheet

For one to three scanners.

Name of Facility Applying for Accreditation: _____

List contact information for person in charge of accreditation application completion:

Name and title: _____

Facility address: _____

Phone/Fax: _____

E-mail: _____

Locations of DXA Scanner(s):

DXA #1 **Location of this machine:** _____

Manufacturer: _____ Model: _____ Serial #: _____

<i>List Least Significant Change values used in interpretive reports for patients scanned on this densitometer</i>			
	LSC as a percent	LSC in g/cm²	Explanation if needed:
Total Lumbar			
Total Femur			
Femoral neck			

DXA #2 **Location of this machine:** _____

Manufacturer: _____ Model: _____ Serial #: _____

<i>List Least Significant Change values used in interpretive reports for patients scanned on this densitometer</i>			
	LSC as a percent	LSC in g/cm²	Explanation if needed:
Total Lumbar			
Total Femur			
Femoral neck			

DXA #3 **Location of this machine:** _____

Manufacturer: _____ Model: _____ Serial #: _____

<i>List Least Significant Change values used in interpretive reports for patients scanned on this densitometer</i>			
	LSC as a percent	LSC in g/cm²	Explanation if needed:
Total Lumbar			
Total Femur			
Femoral neck			

List all DXA Interpreters and DXA Technologists at your facility. For the purpose of ISCD Facility Accreditation, DXA facilities must have at least one *primary* interpreter and one *primary* technologist. The *primary* personnel (a) will maintain certification by the ISCD or an acceptable equivalent and (b) are responsible to oversee and uphold the quality of DXA scans and reports of all personnel at the facility.

List basic information for all DXA **interpreters** reporting at your facility (include additional page if needed):

1. Interpreter name/title: _____
 Designated as *primary*? YES NO
2. Interpreter name/title: _____
 Designated as *primary*? YES NO
3. Interpreter name/title: _____
 Designated as *primary*? YES NO
4. Interpreter name/title: _____
 Designated as *primary*? YES/NO

List basic information for all DXA **technologists** performing scans at your facility (include additional page if needed):

1. Technologist name/title: _____
 Performs scans on: DXA#1 DXA#2 DXA#3
 Designated as *primary*? YES NO
2. Technologist name/title: _____
 Performs scans on: DXA#1 DXA#2 DXA#3
 Designated as *primary*? YES NO
3. Technologist name/title: _____
 Performs scans on: DXA#1 DXA#2 DXA#3
 Designated as *primary*? YES NO
4. Technologist name/title: _____
 Performs scans on: DXA#1 DXA#2 DXA#3
 Designated as *primary*? YES NO



FAP 1120

Accreditation Payment Advice

Submit complete information.

Facility name:		
Number of DXA Scanners		ISCD Fee in US\$
ONE – THREE Scanners		\$1000
FOUR – NINE Scanners		\$1500
TEN OR MORE Scanners		\$2000

Mail Invoice with remittance

to:

International Society for Clinical
Densitometry
Attention: Mary Saier
955 South Main Street
Bldg C
Middletown, Connecticut 06457

Make all checks payable to ISCD in US Dollars.

Total due at time of application.

Credit Card
Payment
Amount:
Credit Card
Type:
Card Number:

\$		Card Holders Name:
		Card Holders Signature:
Expiration Date:		
Billing Address of Card Holder:		



ISCD Facility Accreditation

955 South Main Street, Bldg C
Middletown, CT 06457
Tel: 860.259.1000 ext.105 Fax:
860.259.1030 facility@iscd.org
www.iscd.org

FACILITY ACCREDITATION AGREEMENT

This Facility Accreditation Agreement (“Agreement”) is made by and between the INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY (hereafter “ISCD”) and the [Name of Bone Densitometry Facility] _____ (hereafter the “Facility”).

The Facility hereby requests voluntary accreditation by the ISCD of its performance of bone densitometry measurements.

ISCD and the Facility agree as follows:

1. **Payment.** The Facility agrees to pay to the ISCD an application fee dependent upon the number of DXA scanners. If a facility has 1 – 3 scanners, the fee shall be \$1000; if the facility has 4 – 9 scanners, the fee shall be \$1500; if the facility has 10 or more scanners, the fee shall be \$2000. In exchange, the ISCD agrees to determine whether the Facility meets the “ISCD’s Accreditation Requirements”, as may be revised from time to time.

2. **ISCD Obligations.** The ISCD agrees to evaluate the Facility by reviewing the Facility’s completed application and comparing the practices followed by the Facility to the recommendations independently developed and published in the ISCD Official Positions, the ISCD Basic Statement on Essential Elements and referenced in the ISCD Bone Densitometry Education courses (collectively the “ISCD Accreditation Requirements”).

2.1. The ISCD Facility Accreditation Program Committee (the “Facility Accreditation Committee”) will review the materials submitted to determine whether the Facility demonstrates compliance with the ISCD Accreditation Requirements. The ISCD reserves the right to determine the sufficiency of materials submitted. If the Facility fails to produce the documentation required and requested for a complete application and does not correct the deficiency within the time specified by the Facility Accreditation Committee after notification of the deficiency, accreditation will not be granted and the fee for processing the application will not be refunded.

2.2. The Facility Accreditation Committee agrees to preserve the confidential nature of all of Facility’s data and documents (“information”) submitted related to the Facility’s application for accreditation. Nothing herein shall preclude ISCD from allowing the information submitted for accreditation to be used for research purposes and for articles for the *Journal of Clinical Densitometry* or other publications as long as the information is aggregated in such a way as to disguise the identity of the Facility.

3. **Facility Obligations.** The Facility acknowledges and hereby gives its consent to an on-location visit of all operations and procedures if the Facility Accreditation Committee, in its sole discretion, determines such an inspection to be necessary. The Facility Accreditation Committee will pay all facility visit costs. These costs will include, but may not be limited to: transportation costs, lodging expenses and meals for assessors of the Facility. The on-location visit will be conducted at a mutually agreed upon date and time following Facility notification. The Facility Accreditation Committee agrees to protect the confidentiality of all materials and

information reviewed during the Facility visit. If the Facility Accreditation Committee is denied the right to conduct its on-location inspection, accreditation shall be denied.

3.1. The Facility further grants the ISCD the right to report four pieces of information only to third parties upon inquiry and for approved facilities via website posting: 1) name, address, and website of the Facility, (2) the status of the Facility within the accreditation process, (3) the last date of accreditation, and (4) the date accreditation expires. Findings and/or deficiencies, if any, will not be disclosed, unless otherwise required by law or upon receipt of written consent from the Facility.

4. Accreditation. If granted, accreditation will be valid for a period of five (5) years from the date of decision (said decision date being the date of the Facility Accreditation Committee meeting in which the Facility accreditation decision was made and represented on the accreditation certificate).

4.1. If the Facility should undergo any change in its name, address, ownership, primary contact, Principal DXA Technologist, Principal DXA Interpreter, or any significant material change in its operation, the Facility agrees that it shall notify the ISCD Facility Accreditation Manager of such changes in writing within thirty (30) days. The Facility Accreditation Committee in its sole discretion may require additional demonstration of compliance. If the Facility Accreditation Committee finds that the Facility fails to comply with the ISCD Accreditation Requirements, the Facility Accreditation Committee may revoke the Facility's accreditation.

4.2. In the event accreditation is granted, the Facility Accreditation Committee agrees that the entity that owns the right to this accreditation is the corporation, partnership or business that owns and operates this Facility, with its main business address at (enter Facility address):

The name of the Facility appearing on the certificate and in any ISCD publication or ISCD website should appear as follows:

4.3. The application process requires good faith participation, including full accuracy of documentation submitted. Any Facility determined to have falsified documents faces loss of accreditation and suspension from the accreditation process. Falsification includes deletion or fabrication of data.

4.4. The Facility is eligible to apply for and maintain accreditation only if it is in compliance with the ISCD Accreditation Requirements, as may be updated from time to time, during its three-year cycle and in between re-accreditation. The Facility Accreditation Committee may deny, revoke, or otherwise act upon accreditation or re-accreditation when the Facility is not in compliance with the ISCD Accreditation Requirements, as may be updated from time to time. Nothing provided herein shall preclude administrative requests by the Facility Accreditation Committee for additional information to supplement or complete an application for accreditation or re-accreditation.

5. Facility Representations and Warranties. The Facility represents and warrants to ISCD that it is in compliance with the following:

1. All federal, state, and local laws, ordinances and regulations as well as manufacturer guidelines including but not limited to those relating to DXA equipment operation, radiation safety, and medical record keeping;
2. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules, as amended, including but not limited to:

- a. The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information;
 - b. The HIPAA Security Rule, which sets national standards for the security of electronic protected health information;
 - c. The confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety
3. The Americans with Disabilities Act, as amended;
 4. Liability and malpractice insurance, if required; and
 5. Applicable federal, state and/or local licensing or permit requirements.

5.1. The Facility further represents that it is a (circle one):

Corporation

General partnership

Limited partnership

Sole proprietorship

Limited Liability Company

Other (specify) _____.

5.2. In addition, the Facility represents that the undersigned _____ (Title) is authorized to enter into this Agreement and that it shall constitute a formal and binding act of the Facility.

6. Grant of License. In the event that the Facility meets the eligibility requirements and is granted accreditation by the Facility Accreditation Committee, the Facility is granted a license to use certain ISCD logos and trademarks (hereinafter collectively referred to as the “Marks”) provided, however, that at all times, the Facility shall use the Marks only as specifically authorized and in compliance with the then-current ISCD accreditation policies and procedures relating to the use of the Marks. Improper use of ISCD Marks and/or failure to abide by ISCD accreditation policies and procedures relating to the Marks may result in discipline, up to and including revocation of accreditation and/or permanent loss of eligibility for accreditation. It shall be the obligation of the Facility to keep up-to-date on ISCD accreditation policies and procedures. Except for the limited license rights granted in this Agreement, Facility will not acquire any right, title or interest in or to the Marks. Facility acknowledges that ISCD is and shall remain the owner of all rights in and to its name and Marks and Facility will not take any action nor fail to act, the result of which would cause the validity of the Marks or ISCD’s ownership thereof to be called into question. Upon revocation or loss of accreditation, all rights conveyed to Facility with respect to use of Marks shall cease.

6.1. In the event that the Facility meets the eligibility requirements and is granted accreditation by the Facility Accreditation Committee, the Facility grants a license to ISCD to use the Facility’s name and logo on the ISCD website and in other ISCD materials and publications.

7. Indemnification. The Facility hereby agrees to hold harmless and indemnify the ISCD directors, officers, employees, agents, volunteers, and sponsoring organizations with respect to any and all claims, damages, judgments, losses, costs, and expenses, including reasonable attorney’s fees, which may arise from or relate to this Agreement or the Facility’s participation in the accreditation process, including the findings and recommendations as to the Facility or lack thereof, disclosure of the accreditation status of the Facility, and any actions that may be taken by any person as a result of the accreditation process or the Facility’s status with respect to accreditation, and for Facility’s violations of the Health Insurance Portability and Accountability Act (“HIPAA”), the Privacy and Security Rules, and any other applicable law or rule, unless such damage or loss

results from the sole gross negligence, or willful misconduct of the ISCD, its directors, officers, employees, agents, volunteers or sponsoring organizations.

8. Governing Law. Any controversies under this Agreement will be governed by and subject to the laws of the State of Connecticut. Any claim or cause of action arising out of or connected with this Agreement shall be brought exclusively in either the local or federal courts of the State of Connecticut, and the parties hereto consent to submit to the personal jurisdiction of such courts, and waive all objections to such jurisdiction and venue.

9. Remedies. No remedy conferred upon any party by this Agreement is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to any other remedy given hereunder or now or hereafter existing in law or in equity.

10. Miscellaneous. This Agreement represents the entire agreement of the parties and supersedes any other understanding of the parties concerning the subject matter herein. There are no other representatives, covenants, arrangement, or understandings, either written or oral, between the parties relating to the subject matter, which are not fully expressed herein or have been relied upon in entering into this Agreement.

11. Term. This Agreement shall be effective from the date of Facility's signature below through five (5) years after the date accreditation is granted.

The Facility certifies that they have read this Agreement in its entirety and that the attached completed application is an accurate, true and complete description of the Facility and that the undersigned is authorized to sign this Agreement on behalf of the Facility.

By signing this Agreement, the Facility gives ISCD permission to contact third parties, investigate, request and obtain additional information and documentation, and otherwise verify the information contained in the attached completed application.

FACILITY

Signature: _____

Name: _____

Title: _____

Date: _____

International Society for Clinical Densitometry

Signature: _____

Name: _____

Title: _____

Date: _____