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| **APPLICATION FOR REASSESSMENT****Medical Imaging Service Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **1 Applicant Organisation**Name/Division/Section, etc. |   |
| **2 Accreditation Number(s)** |   |
| **3 Postal Address** Accredited Organisation/Division/Section |   |
| **4 Physical Location** Street address of the primary location of the organisation to be assessed e.g. head office. |   |
| **4a Physical Location** Street address(es) of additional sites (if more than the one noted above) to be covered by the scope of accreditation. (*These could be listed separately and provided as an attachment.)* |   |
| **5 Telephone** | Telephone   |
| **6 Website address (URL)** |   |
| **7 Applicant Ownership Details** |   |
| **8 New Zealand Business Number (NZBN)** |   |
| **9 Legal Status** *(e.g. limited liability company, partnership, local authority, etc.)* |   |
| **10 Email Invoice Address** Email address to which invoices are to be sent |   |
| **11 Chief Executive Officer** Name and title of the Chief Executive Officer of the accredited organisation. | Name Job Title  |
| **12 Authorised Representative** Name and title of the person who will be IANZ's primary point of contact for all matters relating to this accreditation. If address, phone and fax details are not as above then please provide them as an attachment. | Name  Job Title  Email  DDI Mobile  |
| **13 On-site Contact Person(s)**Include contact persons for each additional site (as an attachment) as appropriate. | Name Job Title Email  |
| **14 Accreditation Programme/Field(s) of Technology** Summary of proposed scope of work for which continued accreditation is sought. |   |
| **15 Commitment to meeting accreditation requirements**We commit to continuing to meet the requirements for accreditation as set out in the IANZ criteria documents and *Procedures and Conditions for Accreditation* including the following:We undertake to ensure that our operations, staff, facilities, and procedures will continue to fulfil the general criteria for accreditation and relevant specific criteria for accreditation.We undertake to immediately notify IANZ of any significant changes in operations, facilities, procedures or staff, which are likely to affect our accreditation or the terms in which the accreditation is expressed.We undertake to use the IANZ Accredited Medical Imaging Service accreditation symbol only in a manner which is in compliance with IANZ requirements.We undertake to allow IANZ reasonable access to our operations, facilities and procedures, for the purpose of surveillance, routine and special assessments from time to time.We undertake to pay annual accreditation fees and any reasonable costs relating to such assessments.We agree to supply any information needed for the assessment of the organisation.

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| **Name** |   | **Signature** |   | **Date** |   |

*(This authorisation shall be made by appropriate senior management)* |
| **16 Notes for Applicants****Criteria and Rules**Before lodging a formal Application for Reassessment, organisations should ensure that their systems, procedures and facilities continue to meet all IANZ accreditation criteria and conditions for accreditation.**Fees**Fees are revised from time to time by the Accreditation Council. Please consult the current fee schedule (available at [www.ianz.govt.nz](http://www.ianz.govt.nz) ). Fees quoted exclude GST.**Accreditation Questionnaire**An Application for Reassessment should be accompanied by a completed relevant Medical Imaging Service Accreditation Questionnaire and the supporting information requested therein. This information is used in the planning of your organisation's reassessment and in the briefing of the assessment team.

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|  **Please return this form and associated documentation to:** |
|  | **IANZ** |
| **Post** | Private Bag 28908RemueraAuckland 1541 |
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| **Physical** | Level 1, 626 Great South RoadEllerslieAuckland 1051 |
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|  |
| **Telephone** | (09) 525 6655 |
| **Facsimile** | (09) 525 2266 |
| **Email** | info@ianz.govt.nz  |

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