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| **APPLICATION FOR SPECIAL ASSESSMENT**  **Medical Imaging Service Accreditation Programme** | C:\Users\bra\Documents\_M-Files park\Publications Templates\Jubilee logo - forms header.png |

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| **1 Applicant**  Organisation/Division/Section, etc. |  |
| **2 Accreditation Number** |  |
| **3 Postal Address**  Accredited Organisation/Division/Section |  |
| **4 Physical Location**  Street address of organisation to be assessed. |  |
| **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 Email invoice address**  Email address to which invoices are to be sent |  |
| **6 Accreditation Programme/Field(s) of Technology for Special Assessment**  Please also include subfield. |  |
| **7 Type of Special Assessment Required** | Extension Assessment *(additional test procedures)*  Accommodation Assessment *(change in location/alteration)*  Other *(please specify)* |
| **8 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 the operations, staff, facilities, and procedures of ourlaboratory 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 personnel 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.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** |  | **Signature** |  | **Date** |  |   *(This authorisation shall be made by appropriate senior management)* | |
| **9 Notes for Applicants**  **Criteria and Rules**  Before lodging a formal Application for Special Assessment, organisations should ensure that their systems, procedures and facilities continue to meet all IANZ accreditation criteria and conditions for accreditation.  **Fees**  Special assessment fees are calculated from the actual time and expenses involved in undertaking the assessment. IANZ can estimate these costs before final arrangements are made for the on-site assessment.  **Special Assessment Information**  An Application for Special Assessment cannot be processed until supporting information has been provided.  ***Information required is as follows:***   * **Extension Assessment\***   - List of the operational procedures for which accreditation extension is being sought  - List of key personnel (if relevant)  - Details of equipment used in the extension of operations and records of any acceptance testing performed  - Examples of associated examination reports  - Floor plan and/or photos of accommodation (if changes are significant)  - Copies of QA results (where applicable)   * **Accommodation Assessment**   - Floor plan and/or photos of the new or altered accommodation  - Changes to any specific methods (if relevant)  - Records of environmental control (if relevant)  - Records of equipment acceptance testing (if required)   * **Other**   - Information to be supplied, as deemed appropriate  *\* The organisation's Quality Manual may be required.*  *\* If the application for an extension to the organisation’s Scope of Accreditation is a new sub-field, the organisation may be requested to complete an Accreditation Questionnaire.*   |  |  | | --- | --- | | **Please return this form and associated documentation to:** | | |  | **IANZ** | | **Post** | Private Bag 28908  Remuera  Auckland 1541 | |  | |  | | **Physical** | Building 7, Central Park, 660-670 Great South Road  Ellerslie  Auckland 1051 | |  | |  | | **Telephone** | (09) 525 6655 | | **Email** | [info@ianz.govt.nz](mailto:info@ianz.govt.nz) |   Alternatively please liaise with the IANZ Coordination Officer to load information via the IANZ Portal. | |