



Texas Department of State Health Services

MEDICAL PHYSICIST

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SECTION - REGISTRATION UNIT
 Mail Code 1986
 P.O. Box 149347
 Austin, Texas 78714-9347

ZZ113-181



Email: MammographyBranch@dshs.texas.gov

INDIVIDUAL'S NAME: _____

FACILITY MAMMOGRAPHY CERTIFICATION #: **M** _____

MEDICAL PHYSICIST QUALIFICATION WORKSHEET

Submit required supporting documentation.

- **For new individuals –submit all requested documentation.**
- **Adding a new modality – submit documentation of required training**
- **For accreditation renewals – submit current license and continuing experience and education documentation**

LICENSURE

- Texas Medical Physicist License
 (Copy of current license)

INTERIM

(Initial Qualification met before 04/28/1999)

- Degree in Physical Science
 (Copy of Master or Bachelor degree)
OR (Copy of FDA Approval letter)
- Physics Education
 (Master pathway – 20 semester hours)
 (Bachelor pathway – 10 semester hours)
OR (Copy of FDA Approval letter)
- Survey Training
 (Master pathway – 20 contact hours)
 (Bachelor pathway – 20 contact hours)
OR (Copy of FDA Approval letter)
- Survey Experience
 (Master pathway – survey 1 facility/10 units)
 (Bachelor pathway – survey 1 facility/20 units)
OR (Copy of FDA Approval letter)

FINAL

(Initial Qualification met after 04/28/1999)

- Degree in Physical Science
 (Copy of Master degree)
OR (Copy of FDA Approval letter)
- Physics Education
 (Master pathway – 20 semester hours)
OR (Copy of FDA Approval letter)
- Survey Training
 (Master pathway – 20 contact hours)
OR (Copy of FDA Approval letter)
- Survey Experience
 (Master pathway – survey 1 facility/10 units)
OR (Copy of FDA Approval letter)

This section for new facilities, or facilities adding new modalities.

ADDITIONAL MODALITY TRAINING: *(initial qualification date and documentation is required)*

- Film Screen Mammography (FSM): _____
- Digital Mammography (DM/2D): _____
- Digital Breast Tomosynthesis (DBT/3D): _____

CONTINUING EXPERIENCE/EDUCATION QUALIFICATIONS

- Two facilities and 6 mammography units surveyed in the prior 24 months
 (Due 24 months after qualifying date)
- 15 CEUs in mammography physics or breast imaging in the prior 36 months
 (Due 36 months after qualifying date)

For State of Texas use:

REVIEWER: _____