



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): _____
- General Hologic GE Siemens

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: _____