

Each medical physicist who provides medical physics services at this facility **must verify that they meet FDA requirements** by completing a copy of this form.

Please print and complete this form. Signature dates must be within one year from the date of the most recent medical physicist's Annual Survey report. Original, electronic or faxed signatures are required and considered legally binding for this document. Stamped signatures are not acceptable. Complete all sections; **an incomplete application will delay your accreditation.**

**PRIVILEGED and CONFIDENTIAL • PEER REVIEW**

Code of Virginia 8.01-581.17

**PERSONNEL • MEDICAL PHYSICIST**

1. Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI DEGREE

2. ACR Membership ID#: (optional) \_\_\_\_\_

3. Initial qualifying date (earliest date qualified to do mammography physics. Medical physicists qualifying prior to the MQSA Interim Rules should check "prior to October 1, 1994."):

prior to October 1, 1994 or specify date after October 1, 1994 \_\_\_\_\_ / \_\_\_\_\_  
MO YR

**INITIAL QUALIFICATIONS**

4. Do you meet FDA requirements for initial qualifications for medical physicists? (complete ONLY the column that pertains to you)

FDA Requirements	Initial Qualifications (Master's degree or higher)		Alternative Initial Qualifications <i>must have met before April 28, 1999</i> (Bachelor's degree)	
	Board	Year	Board	Year
Qualified as a medical physicist under FDA's interim regulations and retained that qualification by maintenance of the active status of licensure, approval, or certification?	<i>Not applicable</i>		<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	
Board Certified by either the 1. American Board of Radiology (ABR) in Diagnostic Radiological Physics* (alone or combined with another sub-specialty), Radiological Physics, Roentgen Ray or Gamma Ray Physics or X-Ray and Radium Physics, or 2. American Board of Medical Physics (ABMP) in Diagnostic Imaging Physics *also, effective 2011, Diagnostic Medical Physics	ABR		ABR	
	ABMP		ABMP	
State licensed?	<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes		<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	
State approved?	<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes		<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	
Meet the following degree requirement in a physical science from an accredited institution?	<b>Master's degree or higher</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes		<b>Bachelor's degree obtained before training and initial experience</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	
Have no less than the following semester hours or equivalent of college undergraduate or graduate level physics?	<b>20 semester hours or equivalent</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes		<b>10 semester hours or equivalent</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	
Have the following contact hours of documented specialized training in conducting surveys of mammography facilities?	<b>20 hours</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes		<b>40 hours</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	
Have experience conducting surveys of at least one mammography facility and the following number of mammography units? (No more than one survey of a specific unit within a period of 60 days may be counted towards the total mammography unit survey requirement. If experience was acquired after April 28, 1999, it must be under the direct supervision of a qualified medical physicist).	<b>10 units</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes		<b>20 units</b> <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	

**New modalities:** You must have received at least 8 hours of modality-specific training (e.g., full-field digital or screen-film) in surveying these systems before independently performing surveys on these systems. Have you received this training? (may be included in the above formal mammography education or obtained separately)

- |   |  |   |
|---|--|---|
| Full-field digital mammography (direct capture digital and/or computed radiography) | <input type="checkbox"/> <sup>1</sup> No | <input type="checkbox"/> <sup>2</sup> Yes |
| Screen-film mammography   | <input type="checkbox"/> <sup>1</sup> No | <input type="checkbox"/> <sup>2</sup> Yes |
| Digital Breast Tomosynthesis (DBT)  | <input type="checkbox"/> <sup>1</sup> No | <input type="checkbox"/> <sup>2</sup> Yes |

**CONTINUING EXPERIENCE**

5. How many mammography facilities and units have you surveyed over the previous 24-month period?

# facilities: \_\_\_\_\_ # units: \_\_\_\_\_

If less than 2 facilities and 6 units, are you in the process of requalifying?

- <sup>1</sup>No    <sup>2</sup>Yes

**CONTINUING EDUCATION**

6. Have you earned at least 15 continuing education units in mammography in a 36-month period? (see FDA's Policy Guidance Help System for acceptable subject areas)

- <sup>1</sup>No    <sup>2</sup>Yes

If you answered "No", are you in the process of requalifying?

- <sup>1</sup>No    <sup>2</sup>Yes

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I certify that the information provided is true and correct.

Executed on: \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MEDICAL PHYSICIST