

Each radiologic technologist who performs mammography at this facility **must verify that they meet FDA requirements** by completing a copy of this form. **This includes temporary and part time technologists currently working at the facility.**

Please print and complete this form. Signature dates must be within one year from the date of application. 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 • RADIOLOGIC TECHNOLOGIST

1. Name: _____
LAST NAME FIRST NAME MI DEGREE

2. Initial qualifying date (earliest date qualified to conduct mammography. Radiologic technologists 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

3. Certification/Licensure?

Certification		Licensure	
Registry	Expiration Date		
American Registry of Radiologic Technologists (ARRT)		Are you licensed to perform general radiographic procedures in a state? (if applicable)	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes
ARRT Certification in Advanced Qualifications in Mammography			
American Registry of Clinical Radiography Technologists			

4. Formal mammography education: (complete ONLY the column that pertains to you)

Initially qualified under MQSA to perform mammography prior to April 28, 1999		Initially qualified under MQSA to perform mammography on or after April 28, 1999	
Have you completed at least 40 contact hours of training specific to mammography? (must be documented if obtained after October 1, 1994)	<input type="checkbox"/> ¹ No	Have you completed at least 40 contact hours of documented training specific to mammography under the supervision of a qualified instructor?	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes
	<input type="checkbox"/> ² Yes	Did this training include training in breast anatomy and physiology, positioning and compression, quality assurance/quality control techniques, and imaging of patients with breast implants?	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes
		Have you performed a minimum of 25 examinations under the direct supervision of a qualified individual?	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes

New modalities: You must have received at least 8 hours of modality-specific training (e.g., full-field digital or screen-film) before beginning to use that modality. 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) ¹No ²Yes
 Screen-film mammography ¹No ²Yes
 Digital Breast Tomosynthesis (DBT) ¹No ²Yes

MAP ID Nos. _____

CONTINUING EXPERIENCE

5. How many mammographic examinations have you performed over the previous 24-month period? *(include mammograms performed at this and other facilities, if you work for multiple sites)*

Enter a number: _____

If less than 200 mammographic examinations have been performed, are you in the process of requalifying?

¹No ²Yes

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)*

¹No ²Yes

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

¹No ²Yes

I certify that the information provided is true and correct.

Executed on: _____
DATE

SIGNATURE OF RADIOLOGIC TECHNOLOGIST