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 __________ / __________

INITIAL QUALIFICATIONS

3. Certification/Licensure?

   Certification
   Registry                  Expiration Date                  Licensure
   American Registry of Radiologic Technologists (ARRT)
   ARRT Certification in Advanced Qualifications in Mammography
   American Registry of Clinical Radiography Technologists

   Are you licensed to perform general radiographic procedures in a state? (if applicable) □ No □ Yes

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

   Initially qualified under MQSA to perform mammography prior to 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) □ No □ Yes
   Have you completed at least 40 contact hours of documented training specific to mammography under the supervision of a qualified instructor? □ No □ 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? □ No □ Yes
   Have you performed a minimum of 25 examinations under the direct supervision of a qualified individual? □ No □ Yes

   Initially qualified under MQSA to perform mammography on or after April 28, 1999
   Have you completed at least 40 contact hours of documented training specific to mammography under the supervision of a qualified instructor? □ No □ 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? □ No □ Yes
   Have you performed a minimum of 25 examinations under the direct supervision of a qualified individual? □ No □ 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) □ No □ Yes
   Screen-film mammography □ No □ Yes
   Digital Breast Tomosynthesis (DBT) □ No □ Yes
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?

☐ 1 No ☐ 2 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)

☐ 1 No ☐ 2 Yes

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

☐ 1 No ☐ 2 Yes

I certify that the information provided is true and correct.

Executed on: __________________________  __________________________

DATE SIGNATURE OF RADIOLOGIC TECHNOLOGIST