

MAP ID Nos. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Each radiologist (interpreting physician) who interprets mammograms for this facility **must verify that they meet FDA requirements** by completing a copy of this form. **This includes locum tenens and part-time radiologists 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 • RADIOLOGIST (INTERPRETING PHYSICIAN)**

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

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

3. Initial qualifying date (earliest date qualified to do mammography, usually the date you completed your residency. For example, a radiologist finishing a residency in June 1999 who met the initial experience and training requirements and passed the oral boards at the first possible opportunity, June 1999, would have an initial qualifying date of June 1999. Interpreting physicians 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. Board certification or training: (complete ONLY the column that pertains to you)

Board Certification in Diagnostic Radiology (complete all that apply)		If NOT board certified AND you initially qualified under MQSA to interpret mammograms prior to April 28, 1999	If NOT board certified AND you initially qualified under MQSA to interpret mammograms on or after April 28, 1999
Board	Year Granted		
American Board of Radiology		Do you have <b>2 months</b> of full-time documented training in mammography interpretation, radiation physics, radiation effects, and radiation protection?  <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	Do you have <b>3 months</b> of full-time documented training in mammography interpretation, radiation physics, radiation effects, and radiation protection?  <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes
American Osteopathic Board of Radiology			
Royal College of Physicians and Surgeons of Canada			

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

Initially qualified under MQSA to interpret mammograms prior to April 28, 1999		Initially qualified under MQSA to interpret mammograms on or after April 28, 1999	
Do you have <b>40 hours</b> Category I CME in mammography prior to meeting your initial requirements? (must be documented if obtained after October 1, 1994)	<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	Do you have <b>60 hours</b> documented Category I CME in mammography (at least 15 of which must have been acquired in the 3 years immediately prior to meeting your initial requirements)?	<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) before beginning to interpret 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) <sup>1</sup>No <sup>2</sup>Yes  
 Screen-film mammography <sup>1</sup>No <sup>2</sup>Yes  
 Digital Breast Tomosynthesis (DBT) <sup>1</sup>No <sup>2</sup>Yes

**6. Initial experience:** (complete ONLY the column that pertains to you)

Initially qualified under MQSA to interpret mammograms prior to April 28, 1999		Initially qualified under MQSA to interpret mammograms on or after April 28, 1999		Initially qualified under MQSA to interpret mammograms on or after April 28, 1999, AND you became board certified at your first possible opportunity		Initially qualified under MQSA to interpret mammograms on or after April 28, 1999, AND completed residency in June 2014 or later	
Have you interpreted mammograms from the exams of <b>240 patients</b> (under direct supervision if obtained after October 1, 1994) within a <b>6-month period at any time prior to your qualifying date?</b>	<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	Have you interpreted mammograms from the exams of <b>240 patients</b> under direct supervision within the <b>6 months immediately prior to your qualifying date?</b>	<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	Have you interpreted mammograms from the exams of <b>240 patients</b> under direct supervision in <b>any 6 months within the last 2 years of your residency?</b>	<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes	Have you interpreted mammograms from the exams of <b>240 patients</b> under direct supervision in <b>any 6 months within the last 2 years of your residency?</b>	<input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup> Yes

**CONTINUING EXPERIENCE**

**7. How many mammographic examinations have you personally interpreted over the previous 24-month period?** (include mammograms interpreted for this and other facilities, if you review for multiple sites)

Enter a number: \_\_\_\_\_

If less than 960 interpretations, are you in the process of requalifying?

<sup>1</sup>No <sup>2</sup>Yes

**CONTINUING EDUCATION**

**8. Have you earned at least 15 Category I CME 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

**RELEASE:**

I join in the request and consent to the American College of Radiology conducting such a survey and rendering a report and findings through the College. I also hereby release and forever discharge for myself, my heirs, executors, administrators, successors and assigns the American College of Radiology, its directors, officers, members, agents, volunteers and employees from and against any and all claims, suits, damages, losses, expenses (including attorneys' fees), and liabilities by reason of, arising out of, or related to participation in the aforesaid survey of the practice(s) of mammography as covered by this application, and the making of any report, statement, or recommendation or failure to make a report, statement, or recommendation with respect to the aforesaid practice of mammography, including but not limited to any such claims or other matters based on alleged or actual negligence, antitrust, misconduct, defamation, personal injury, or economic loss, and any actions that may be taken by others as a result of the survey when such actions performed by or on behalf of the ACR are done in good faith and without malice in connection with conducting this survey. Further, I agree to fully cooperate with the American College of Radiology in its accreditation survey, including to consent to an on-site visit, if desired by the American College of Radiology.

I certify that the information provided is true and correct.

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

\_\_\_\_\_  
 SIGNATURE OF RADIOLOGIST (INTERPRETING PHYSICIAN)

\_\_\_\_\_  
 PRINT NAME OF RADIOLOGIST (INTERPRETING PHYSICIAN)