

ACR Accreditation Physician Personnel Form

Name of Physician _____

Accredited Modalities Interpreted:

List course name and give a brief description of the course. Include date, number of hours, CME category and what modalities are covered by the course. **During a validation site visit, copies of the CME certificates or print outs from a source such as cmegateway.org, RSNA, ACR, etc. will be necessary.**

Make additional copies of this form as needed.

CME courses

| Course Name/Description | Date | Number of Hours | Category (1 or 2) | Modality |
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Continuing Experience

Make additional copies of this form as needed.

| Number of Exams | Month/Year | Modality |
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