

Medical Physicist Qualification Form

Medical Physicists conducting surveys for a mammography facility seeking ACR Accreditation (including locum tenens and part-time) must complete and sign this form within one year of the most recent medical physicist's Annual Survey report, verifying they meet FDA MQSA requirements. Incomplete, out of date or inaccurate forms may delay the facility's accreditation. Original, electronic or faxed signatures are required and legally binding for this document. Stamped signatures are not acceptable. Please leave a copy with your facility when performing the survey.

	Last Name	First Name	Middle Initial	Degree
Mammography Initial Qualifying Date				
1.	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."):			
	<input type="checkbox"/> prior to October 1, 1994 or specify date after October 1, 1994 ____ / ____ / ____ <div style="text-align: right; margin-right: 50px;">MO YR</div>			

AND

Check All That Apply			
2.		I am board certified:	Year Granted
	<input type="checkbox"/>	American Board of Radiology (ABR)	
	<input type="checkbox"/>	American Board of Medical Physics (ABMP)	
	<input type="checkbox"/>	I am state licensed and/or approved.	

AND

	Yes	No	Master's Degree or Higher - Initial Qualifications
3.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained a Master's degree or higher with no less than 20 semester hours in physics, in: Physics, Chemistry, Engineering, Radiation Science (including Health or Medical Physics).
4.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained a Master's degree or higher and have at least 20 contact hours of documented specialized training in conducting surveys of mammography facilities.
5.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained a Master's degree or higher and have experience conducting surveys of at least one mammography facility and 10 units under the direct supervision of a qualified medical physicist. (No more than one survey of a specific unit within a period of 60 days may be counted towards the total requirement. If experience was acquired after April 28, 1999, it must be under the direct supervision of a qualified medical physicist.)

OR

	Yes	No	Alternative Initial Qualifications - Bachelor's Degree Initial Qualifications (ONLY if qualified under FDA's Interim Regulations, PRIOR to April 28, 1999)
6.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained a Bachelor's degree prior to April 28, 1999, with no less than 10 semester hours in physics, in: Physics, chemistry, engineering, radiation science (including health physics or medical physics).
7.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained a Bachelor's degree prior to April 28, 1999, and have at least 40 contact hours of documented specialized training in conducting surveys of mammography facilities.
8.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained a Bachelor's degree prior to April 28, 1999, and have conducted surveys of at least one mammography facility and 20 units. (No more than one survey of a specific unit within a period of 60 days may be counted towards the total requirement.)

AND

9.	I received 8 hours of modality-specific training prior to independently performing surveys on these systems: <input type="checkbox"/> Full-field digital mammography <input type="checkbox"/> Tomosynthesis (DBT) <input type="checkbox"/> Screen-film
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AND

	Yes	No	Continuing Requirements – Must Complete Each	
10.	<input type="checkbox"/>	<input type="checkbox"/>	I performed surveys of 2 facilities and 6 units over the previous the 24 months period.	
			Yes <input type="checkbox"/>	No <input type="checkbox"/> If you answered "No" to the question above (less than 2 facilities and 6 units), are you in the process of requalifying?
11.	<input type="checkbox"/>	<input type="checkbox"/>	I have earned at least 15 CMEs in mammography in the previous 36 months.	
			Yes <input type="checkbox"/>	No <input type="checkbox"/> If you entered "No" to the question above, (less than 15 CMEs in 36 months) are you in the process of requalifying?

I certify that the information provided on this document is true and correct.

Executed on: _____
DATE

SIGNATURE OF MEDICAL PHYSICIST