

Radiologic Technologist Qualification Form

Radiologic Technologists performing mammography for a facility seeking ACR Accreditation (including temporary and part-time) must complete and sign this form within one year of the date of application acceptance, 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 Incomplete, out of date or inaccurate forms may delay the facility's accreditation.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.

Last Name	First Name	Middle Initial	Degree
Mammography Initial Qualifying Date			
1.	Initial Qualifying Date (earliest date qualified to perform mammography. Radiologic technologists 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>		

Check All that Apply			
2.	I am currently (complete <i>ONLY the column that pertains to you</i>):		Expiration Date:
	<input type="checkbox"/>	American Registry of Radiologic Technologists (ARRT)	
	<input type="checkbox"/>	American Registry of Radiologic Technologists (ARRT) in Mammography	
	<input type="checkbox"/>	American Registry of Clinical Radiography Technologists	
	<input type="checkbox"/>	I am state licensed to perform general radiographic procedures	
3.	Yes	No	Initial Qualifications to perform mammography were <i>PRIOR</i> to April 28, 1999
	<input type="checkbox"/>	<input type="checkbox"/>	I completed at least 40 contact hours of training specific to mammography. (If training completed prior to October 1, 1994, attestation allowed).
OR			
	Yes	No	Initial Qualifications to perform mammography were on or <i>AFTER</i> April 28, 1999
4.	<input type="checkbox"/>	<input type="checkbox"/>	I completed at least 40 contact hours of documented training specific to mammography under the supervision of a qualified instructor.
5.	<input type="checkbox"/>	<input type="checkbox"/>	My training included breast anatomy and physiology, positioning and compression, quality assurance/quality control techniques, and imaging of patients with breast implants.
6.	<input type="checkbox"/>	<input type="checkbox"/>	I have performed at least 25 examinations under the direct supervision of a qualified individual.

AND

7.	I received 8 hours of modality-specific training prior to performing in the following modalities: <input type="checkbox"/> Full-field digital mammography <input type="checkbox"/> Tomosynthesis (DBT) <input type="checkbox"/> Screen-film		
AND			
	Yes	No	Continuing Requirements – Must Complete Each
8.	<input type="checkbox"/>	<input type="checkbox"/>	I have performed 200 patient exams in the prior 24 months (May be less than 200 if initially qualified in the previous 24 months).
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If "No" to the question above, Are you in the process of requalifying (if less than 200)?	
9.	<input type="checkbox"/>	<input type="checkbox"/>	I have earned at least 15 continuing education units, specific to breast imaging in the prior 36-months.
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If you entered "No" to the question above, are you in the process of requalifying?	

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

Executed on: _____
DATE

SIGNATURE OF RADIOLOGIC TECHNOLOGIST