

Interpreting Physician Qualification Form

Interpreting Physicians who interpret mammography for a facility seeking ACR Accreditation (including locum tenens and part-time) must complete and sign this form within one year of the application, 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 Incomplete, out of date or inaccurate forms may delay the facility's accreditation.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 considered 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 do mammography, usually the date you completed residency, not fellowship. IPs qualified prior to MQSA Interim Rules should use 10/1/94)		
	<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			
Complete the Rows that Pertain to You			
2.	I attest I am currently board certified in Diagnostic Radiology (please choose one, if applicable)		
	<input type="checkbox"/>	American Board of Radiology	
	<input type="checkbox"/>	American Osteopathic Board of Radiology	
	<input type="checkbox"/>	Royal College of Physicians and Surgeons of Canada	
AND			
	Yes	No	Initially Qualified <i>PRIOR</i> to April 28, 1999
3.			I have one of the following: ABR, AOBR, RCPSC <div style="text-align: center;">or</div> If not board certified, I have 2 months of full-time documented training in mammography interpretation, radiation physics, radiation effects and radiation protection.
4.			I have 40 hours Category I CME in mammography prior to meeting my initial requirements. (Attestation allowed prior to 10/1/1994).
5.	<input type="checkbox"/>	<input type="checkbox"/>	I interpreted mammograms of at least 240 patients in any 6-month period prior to my qualifying date.
OR			
	Yes	No	Initially Qualified <i>On or After</i> April 28, 1999
6.	<input type="checkbox"/>	<input type="checkbox"/>	I have one of the following: ABR, AOBR, RCPSC <div style="text-align: center;">or</div> If not board certified, I have 3 months of full-time documented training in mammography interpretation, radiation physics, radiation effects and radiation protection.
7.			I have 60 hours of documented Category 1 CME in mammography, 15 of which were acquired in the 3 years immediately prior to meeting my initial requirements.
8.			I interpreted mammograms of at least 240 patients under direct supervision within the 6 months immediately prior to my qualifying date. <div style="text-align: center;">or</div> I became board certified at my first possible opportunity, and interpreted mammograms of at least 240 patients under direct supervision in any 6 months within the last 2 years of my residency. <div style="text-align: center;">or</div> I qualified on or after April 28, 1999, completed my residency in June 2014 or later, and interpreted mammograms of at least 240 patients under direct supervision in any 6 months within the last 2 years of my residency.
AND			
9.	New modalities: I received 8 hours of modality specific training prior to interpreting in the following modalities: <input type="checkbox"/> Full-field digital mammography <input type="checkbox"/> Tomosynthesis (DBT) <input type="checkbox"/> Screen-film		
AND			
	Yes	No	
10.	<input type="checkbox"/>	<input type="checkbox"/>	I have interpreted 960 mammography examinations in the previous 24 months (May be less than 960, if initially qualified in the previous 24 months). <div style="display: flex; justify-content: space-between;"> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> If "No" to the question above, Are you in the process of requalifying (if less than 960)?
11.	<input type="checkbox"/>	<input type="checkbox"/>	I have earned at least 15 Category I CME specific to breast imaging in the prior 36-month period. <div style="display: flex; justify-content: space-between;"> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> If you entered "No" to the question above, 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 INTERPRETING PHYSICIAN