



INDIVIDUAL'S NAME: _____ FACILITY MAMMOGRAPHY CERTIFICATION #: **M** _____

INTERPRETING PHYSICIAN QUALIFICATION WORKSHEET

Submit required supporting documentation.

- *For new individuals – submit all requested documentation.*
- *Adding a new modality – submit documentation of required training*
- *For accreditation renewals – submit current license and continuing experience and education documentation*

LICENSURE

- Texas Medical License
(Copy of current license)

INTERIM

(Initial Qualification met before 04/28/1999)

- ABR, AOBR, or RCPSC
OR Two Months Training
(Copy of certificate or **residency letter**)
- 40 hours of Mammography CMEs
(Attestation allowed prior to 10/01/1994)
(Copy of **residency letter** after 10/01/1994)
- 240 mammograms interpreted in any 6-month period
(Attestation allowed prior to 10/01/1994)
(Copy of **residency letter** after 10/01/1994)

FINAL

(Initial Qualification met after 04/28/1999)

- ABR, AOBR, or RCPSC
OR Three Months Training
(Copy of certificate or **residency letter**)
- 60 hours of Mammography CMEs
15 hrs. in the last 36 months of residency
(Copy of **residency letter**)
- 240 mammograms interpreted in last 6-month period
OR
- Certified at 1st allowable time 240 mammograms
interpreted in the last 2 years of residency program
(Copy of **residency letter**)

Note: If an individual completed the residency program on June 30, 2014 or later, a copy of the residency letter must be submitted. The initial qualifying date will be the completion date of the residency program. This note does not apply to those individuals taking the AOBR or RCPSC boards.

This section for new facilities, or facilities adding new modalities.

ADDITIONAL MODALITY TRAINING: (initial qualification date and documentation is required)

- Film Screen Mammography (FSM): _____
- Digital Mammography (DM/2D): _____
- Digital Breast Tomosynthesis (DBT/3D): _____

CONTINUING EXPERIENCE/EDUCATION QUALIFICATIONS

- 960 mammograms interpreted in the prior 24 months
(Due 24 months after qualifying date)
- 15 Breast specific Category 1 CMEs in the prior 36 months
(Due 36 months after qualifying date)

For State of Texas use:

REVIEWER: _____