



MAMMOGRAPHY RADIOLOGIC TECHNOLOGIST

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT
Mail Code 2003
P.O. Box 149347
Austin, Texas 78714-9347



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

MAMMOGRAPHY RADIOLOGIC TECHNOLOGIST 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 MRT License
(Copy of current license)

INTERIM

(Initial Qualification met before 04/28/1999)

NEED (1) OF THE FOLLOWING:

- 40 hours of mammography training
(Attestation allowed prior to 10/01/1994)
- ARRT (M)
(ARRT verification or copy of ARRT certificate)
- Mammography certification
(Copy of CA, NV, or AZ card)
- Completion of prior FDA accepted courses
(See MQSA Guidance for list)

FINAL

(Initial Qualification met after 04/28/1999)

NEED ALL OF THE FOLLOWING:

- 40 hours of mammography training
Copy of certificate, confirming letter or documentation from in-house training.
- 25 supervised mammograms
(Submit log of patient exams performed. Do not include patient names.)

Note: If individual qualified between 04/28/1999 through 01/01/2001, the above documentation must be submitted. A copy of the individual's ARRT mammography certificate may be used for the initial qualifications, if issued after 01/01/2001.

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:

- 200 mammograms performed in the prior 24 months (Due 24 months after qualifying date)
- 15 Breast specific CEUs in the prior 36 months (Due 36 months after qualifying date)

For State of Texas use:

REVIEWER: _____