

Texas Department of State Health Services

MAMMOGRAPHY RADIOLOGIC TECHNOLOGIST

TEXAS DEPARTMENT OF STATE HEALTH SERVICES RADIATION SECTION - MAMMOGRAPHY BRANCH Mail Code 1986 P.O. Box 149347



Austin, Texas 78714-9347 Email: MammographyBranch@dshs.texas.gov

INDIVIDUAL'S NAME:	FACILITY MAMMOGRAPHY CERTIFICATION #: M
MAMMOGRAPHY RADIOLOGIC TECHNOLOG Submit required supporting documentation. For new individuals – submit all requested docume Adding a new modality – submit documentation of For accreditation renewals – submit current license	entation.
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 ADDITIONAL MODALITY TRAINING: (initial qualification of the prior 24 months (Due 24 months after qualifying date) This section for new facilities, or facilities adding add	ation date and documentation is required)
For State of Texas use: REVIEWER:	RC 230 234 F Radiologic Technologist Qualification Workshe