



MEDICAL PHYSICIST

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 _____

MEDICAL PHYSICIST 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 Physicist License
(Copy of current license)

INTERIM

- (Initial Qualification met before 04/28/1999)
Degree in Physical Science
Physics Education
Survey Training
Survey Experience

FINAL

- (Initial Qualification met after 04/28/1999)
Degree in Physical Science
Physics Education
Survey Training
Survey Experience

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

- Two facilities and 6 mammography units surveyed in the prior 24 months
15 CEUs in mammography physics or breast imaging in the prior 36 months

For State of Texas use:
REVIEWER: _____