



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  
(Copy of Master or Bachelor degree)  
**OR** (Copy of FDA Approval letter)
- Physics Education  
(Master pathway – 20 semester hours)  
(Bachelor pathway – 10 semester hours)  
**OR** (Copy of FDA Approval letter)
- Survey Training  
(Master pathway – 20 contact hours)  
(Bachelor pathway – 20 contact hours)  
**OR** (Copy of FDA Approval letter)
- Survey Experience  
(Master pathway – survey 1 facility/10 units)  
(Bachelor pathway – survey 1 facility/20 units)  
**OR** (Copy of FDA Approval letter)

**FINAL**

(Initial Qualification met after 04/28/1999)

- Degree in Physical Science  
(Copy of Master degree)  
**OR** (Copy of FDA Approval letter)
- Physics Education  
(Master pathway – 20 semester hours)  
**OR** (Copy of FDA Approval letter)
- Survey Training  
(Master pathway – 20 contact hours)  
**OR** (Copy of FDA Approval letter)
- Survey Experience  
(Master pathway – survey 1 facility/10 units)  
**OR** (Copy of FDA Approval letter)

*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  
(Due 24 months after qualifying date)
- 15 CEUs in mammography physics or breast imaging in the prior 36 months  
(Due 36 months after qualifying date)

*For State of Texas use:*

**REVIEWER:** \_\_\_\_\_