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**ATTESTATION REGARDING REQUIREMENTS OF  
THE MAMMOGRAPHY QUALITY STANDARDS ACT and/or ACR REQUIREMENTS for  
STEREOTACTIC BREAST IMAGING**

This document is intended to provide proof of medical physicist's initial qualification in Stereotactic Mammography.

Requirements:

**“Qualified to perform mammography surveys under MQSA**

**AND**

**Performed 1 hands-on stereotactic breast biopsy physics survey under a qualified medical physicist”**

Attestation must include as much of the following information as possible:

Name of the institution/facility where the applicable training or mammography reading/interpreting, or other activity, took place; name of the course(s) or training (where applicable); the attendance, reading/interpreting, or other activity dates; and the supervising/responsible person (where applicable) for the institution/facility.

Please provide these details in the space below. Attach additional sheets if necessary.

**I, Steven T. Nicholas , attest that, to the best of my knowledge and my belief, the following information provided in this declaration is true and correct. I understand that FDA may request additional information to substantiate the statements made in this declaration:**

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I am qualified to perform mammography surveys under MQSA. Credentials are available at:  
<http://www.rpcphysics.com/credentials/>

I completed the following site and stereotactic mammography unit survey on March 1, 2000 with Physicist J. Douglas Bennett:

- University Medical Center (Mesabi) – Hibbing, MN – Lorad DSM Stereotactic, March 1, 2000

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**I understand that knowingly providing false information in a matter within the jurisdiction of an agency of the United States could result in criminal liability, punishable by up to \$10,000 fine and imprisonment of up to five years, or civil liability under the MQSA, or both.**

**Physicist**

Attester's Signature and Title

**6/8/2018** Date signed