Medical Physicist Qualification Form

Medical Physicists conducting surveys for a mammography facility seeking ACR Accreditation (including locum tenens and parttime) must complete and sign this form within one year of the most recent medical physicist's Annual Survey report, verifying they meet FDA MQSA requirements. Incomplete, out of date or inaccurate forms may delay the facility's accreditation. Stamped signatures are not acceptable.

	Nicholas					Ctovon	Middle Initial	Degree
						Steven	Т	MS
	Mammography Qualifying Date							
1.	Month/Year: March / 2000 Initial Qualifying Date							
	March 7 2000							
Answer all questions in this section								
2.								
Z .				I am board certified:			Year Grante	ed
_				American Board of Radiology (ABR)		2000		
	Voc			American Board of Medical Physics (ABMP)			2002	
3.	Yes			state licensed	d and/or approved			
	☑ ☐ I am state licensed and/or approved.							
4.	I received 8 hours of modality-specific training prior to independently performing surveys on these systems: ✓ Full-field digital mammography ✓ Tomosynthesis (DBT) ✓ Screen-film							
5.	/			erformed surveys of 2 facilities and 6 units in the 24 months prior to the curi				
		☐ Yes ☐ No ☐ If less than 2 facilities and 6 units, are you in the process of requalifying?						fying?
6.	1	✓ <u> </u>		I have earned at least 15 CMEs in mammography in the 36 months prior to the current date.				
	Yes No If you entered "No" to the question above, are you in the process of							
requalifying?								
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		NI.		Answer ON		ations were <i>PRIOF</i>	R to April 28, 1999	
	Yes	No			LY if your initial qualifice			
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7.			I obtained a	(Alternation of the followit least a Bach	ILY if your initial qualifice ernative initial qualifications wing and maintained: ABR or elor's degree or higher with n	ABMP certification, so less than 10 semes	e or higher) tate licensure, or stat ter hours in physics, i	e approval.
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Executed on: 04/14/2025

SIGNATURE OF MEDICAL PHYSICIST