

Medical Physicist Qualification Form

Medical Physicists conducting surveys for a mammography facility seeking ACR Accreditation (including locum tenens and part-time) 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 Incomplete, out of date or inaccurate forms may delay the facility's accreditation.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.

	Last Name Murphy	First Name Anthony (Tony)	Middle Initial D	Degree MS
<u>Mammography Qualifying Date</u>				
1.	Month/Year: 10/1996	Initial Qualifying Date		

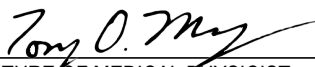
<u>Answer all questions in this section</u>				
2.	I am board certified:			Year Granted
	<input checked="" type="checkbox"/>	American Board of Radiology (ABR)		2000
	<input type="checkbox"/>	American Board of Medical Physics (ABMP)		
	Yes	No		
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am state licensed and/or approved.	
4.	I received 8 hours of modality-specific training prior to independently performing surveys on these systems: <input checked="" type="checkbox"/> Full-field digital mammography <input checked="" type="checkbox"/> Tomosynthesis (DBT) <input checked="" type="checkbox"/> Screen-film			
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I performed surveys of 2 facilities and 6 units in the 24 months prior to the current date.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If less than 2 facilities and 6 units, are you in the process of requalifying?
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have earned at least 15 CMEs in mammography in the 36 months prior to the current date.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you entered "No" to the question above, are you in the process of requalifying?

			<u>Answer ONLY if your initial qualifications were PRIOR to April 28, 1999</u> <u>(Alternative initial qualifications - Bachelor's degree or higher)</u>	
	Yes	No		
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I obtained one of the following and maintained: ABR or ABMP certification, state licensure, or state approval.	
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I obtained at least a Bachelor's degree or higher with no less than 10 semester hours in physics, in: Physics, chemistry, engineering, radiation science (including health physics or medical physics).	
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have at least 40 contact hours of documented specialized training in conduction surveys of mammography facilities.	
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have conducted surveys of at least one mammography facility and 20 units. (No more than one survey of a specific unit within a period of 60 days may be counted towards the total requirement).	

			<u>Answer ONLY if your initial qualifications were on or AFTER April 28, 1999</u>	
	Yes	No		
11.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained one of the following and maintained: ABR or ABMP certification, state licensure, or state approval.	
12.	<input type="checkbox"/>	<input type="checkbox"/>	I obtained a Master's degree or higher with no less than 20 semester hours in physics, in: Physics, Chemistry, Engineering, Radiation Science (including Health or Medical Physics).	
13.	<input type="checkbox"/>	<input type="checkbox"/>	I have at least 20 contact hours of documented specialized training in conduction surveys of mammography facilities.	
14.	<input type="checkbox"/>	<input type="checkbox"/>	I have experience conducting surveys of at least one mammography facility and 10 units under the direct supervision of a qualified medical physicist. (No more than one survey of a specific unit within a period of 60 days may be counted towards the total requirement).	

I certify that the information provided on this document is true and correct.

Executed on: 1/25/2024
DATE


SIGNATURE OF MEDICAL PHYSICIST