

Public Health

Iowa HHS

Interpreting Physician Requalification Worksheet

Please submit supporting documentation

___ Valid Iowa Medical License

___ ABR, AOBR, or RCPS
OR Three Months Training

___ Mammography reads under direct supervision**
240 or # needed to reach (whichever is less)
960

** Must have total of 960 reads in prior 24 month period within 6 months of requalification date.

___ 15 Category I CME's in past 36 months
(or additional # needed to reach 15 in past 36 months)

For State of Iowa use:

REQUALIFICATION DATE _____

INITIAL QUALIFICATION START DATE _____
(10/01/94 or date initial qualification was completed)

ADDITIONAL MODALITY START DATE _____
(8 hours initial training in each additional mammographic modality)

NAME OF PHYSICIAN _____

PLACE OF EMPLOYMENT _____

HHS Approval _____

Date _____