

Public Health

Iowa HHS

Interpreting Radiologist Stereotactic Requalification Worksheet

Please submit supporting documentation

___ Current Interpreting Physician Qualifications

___ Previously met Stereotactic Initial Qualifications

___ 3 Stereotactic Biopsies under direct supervision

___ 3 Category I or IDPH approved Stereotactic
CME's (or # needed to bring to 3 CME's)

For State of Iowa use:

STEREOTACTIC REQUALIFICATION DATE _____

INITIAL STEREO QUALIFICATION START DATE _____
(7/1/98 or date initial qualification was completed)

NAME OF PHYSICIAN _____

PLACE OF EMPLOYMENT _____

HHS Approval _____

Date _____