

Public Health

Iowa HHS

Physician (Non Radiologist) Stereotactic Requalification Worksheet

Please submit supporting documentation

___ Current Iowa License to Practice Medicine/Surgery in Iowa

___ Previously met Stereotactic "Physician in Independent Setting" 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 _____

NAME OF PHYSICIAN _____

PLACE OF EMPLOYMENT _____

HHS Approval _____

Date _____