UTAH DIVISION OF RADIATION CONTROL MAMMOGRAPHY IMAGING MEDICAL PHYSICIST RECERTIFICATION FORM

The initial and annual evaluation of mammography x-ray equipment in the state of Utah must be performed by a mammography imaging medical physicist approved by the Radiation Control Board (Board). To remain certified by the Board as a mammography imaging medical physicist, an individual shall satisfy the requirements for continuing qualifications.

Name:			Phone: (_)
Address:			FAX: ()
Part 1: Continuing Edu Starting from June 1, 20	cation			
mammography (attach cop <u>Course Description</u>		rs as support docu		Number CEU
Part 2: Mammography Provide the information of changes since you comple	n test equipment used to p			
Equipment Type	<u>Manufacturer</u>	Model	Calibratio	n Frequency
Mammography Phantom			Σ	XXX
Focal Spot Test Tool			Σ	XXX
Resolution Test Tool			Σ	XXX
kVp Meter				
Densitometer				
Timer Test Tool				
Radiation Dosemeter				
Radiation Detector				

Part 3: Mammography Survey Experience

Complete the following sections to show evidence that you have performed two mammography surveys since June 1, 2011. Indicate whether the activity was performed by a "Y" for yes or "N" for no.

<u>Facility</u>	Survey Date	Number Mammo <u>Units Evaluated*</u>	Evaluated Dose to Breast (Y N)	Evaluated Focal Spot and/or Resolution (Y N)	Evaluated Phantom Image Quality (Y N)	Evaluated Processor QC (Y N)
*List the	e different mammography s <u>Manufacturer</u>	x-ray units evaluate <u>Model</u>	d by:			

MIMP Recert - 4/2012	N	đΩ	ЛP	Recert	- 4	/20	110
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I hereby attest that the submitted recertification form ability and knowledge true and accurate.	and support documents are to the b	est of my
Signature	Date	

Return the completed form to:

Utah Radiation Control Board Rusty Lundberg, Executive Secretary P.O. Box 144850 Salt Lake City, Utah 84114-4850