

**UTAH DIVISION OF WASTE MANAGEMENT AND  
RADIATION CONTROL  
MAMMOGRAPHY IMAGING MEDICAL PHYSICIST  
CERTIFICATION APPLICATION 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 Waste Management and Radiation Control Board (Board). An individual seeking certification by the Board for approval as a mammography imaging medical physicist shall submit this completed application form and the requested support documentation.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
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**Part 1: Education and Professional Certification**

List all advanced degrees earned. Please include copy of Degree or Certificate

<u>Field</u>	<u>Degree</u>	<u>Institution</u>	<u>Date Earned</u>
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List all professional certifications earned.

<u>Professional Designation</u>	<u>Certifying Body</u>	<u>Date Earned</u>
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**Part 2: Continuing Education**

List all continuing educational units (CEU) earned in areas specific to mammography during the last **three** years.

<u>Course Description</u>	<u>Sponsoring Body</u>	<u>Date Attended</u>	<u>Number CEU</u>
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**Part 3: Mammography Survey Experience**

Complete the following form summarizing mammography survey experience for the past **three** years. Indicate whether the activity was performed by a “Y” for yes or “N” for no. Use **additional copies of this page if needed.**

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

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**Part 4: Mammography Test Equipment**

Provide the following information for test equipment used to perform mammography surveys.

<u>Equipment Type</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Calibration Frequency</u>
Mammography Phantom			XXX
Focal Spot Test Tool			XXX
Resolution Test Tool			XXX
kVp Meter			
Densitometer			
Timer Test Tool			
Radiation Dose Meter			
Radiation Detector			

**Part 5: Additional Support Documentation**

The following items are to be submitted as an integral part of the application:

1. Copies of recent survey reports that have been provided to two mammography facilities. The reports must include the evaluation of the mammography x-ray system, the evaluation of the facility mammography quality control program, and the accompanying signed survey report cover letter.
2. An actual mammography phantom image film\* or digital image on CD and the accompanying image quality evaluation statement.
3. An example of the actual calculations used to determine the average glandular dose for a "standard breast" examination.
4. An example of the actual methodology used to determine either the measured focal spot or the resolution (lp/mm) in a plane 4.5 cm. above the breast platform. Any films\* or digital image on CD used in the evaluation are to be included as a part of the application.

\*All films will be returned to the applicant upon request.

I hereby attest that the submitted application and support documents are to the best of my ability and knowledge true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return the completed application and support documents to:

Director Utah Division of Waste Management  
and Radiation Control  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880