

Each medical physicist who provides medical physics services at this facility **must verify that they meet FDA requirements** by completing a copy of Section H.

Please print, type or complete this form by computer. To use your computer, double-click the space and type or click your response. Tab to move to the next question. Signature dates must be within one year from the date of application. Original, electronic or faxed signatures are required and considered legally binding for this document. Stamped signatures are not acceptable. Complete all sections; **an incomplete application will delay your accreditation.**

PRIVILEGED and CONFIDENTIAL • PEER REVIEW
 Code of Virginia 8.01-581.17

SECTION H • PERSONNEL • MEDICAL PHYSICIST

1. Name: Payne J Thomas PhD
LAST NAME FIRST NAME MI DEGREE

2. ACR Membership ID#: (optional) 224-3400

3. Initial qualifying date (earliest date qualified to do mammography physics. Medical physicists qualifying prior to the MQSA Interim Rules should check "prior to October 1, 1994."):

prior to October 1, 1994 or specify date after October 1, 1994 _____ / _____
MO YR

INITIAL QUALIFICATIONS

4. Do you meet FDA requirements for initial qualifications for medical physicists? (complete ONLY the column that pertains to you)

FDA Requirements	Initial Qualifications (Master's degree or higher)		Alternative Initial Qualifications must have met before April 28, 1999 (Bachelor's degree)	
	Board	Year	Board	Year
Qualified as a medical physicist under FDA's interim regulations and retained that qualification by maintenance of the active status of licensure, approval, or certification?	Not applicable		<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	
Board Certified by either the 1. American Board of Radiology (ABR) in Diagnostic Radiological Physics (alone or combined with another sub-specialty), Radiological Physics, Roentgen Ray or Gamma Ray Physics or X-Ray and Radium Physics, or 2. American Board of Medical Physics (ABMP) in Diagnostic Imaging Physics	ABR	1974	ABR	
	ABMP		ABMP	
State licensed?	<input checked="" type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes		<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	
State approved?	<input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes		<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	
Meet the following degree requirement in a physical science from an accredited institution?	Master's degree or higher <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes		Bachelor's degree obtained before training and initial experience <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	
Have no less than the following semester hours or equivalent of college undergraduate or graduate level physics?	20 semester hours or equivalent <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes		10 semester hours or equivalent <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	
Have the following contact hours of documented specialized training in conducting surveys of mammography facilities?	20 hours <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes		40 hours <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	
Have experience conducting surveys of at least one mammography facility and the following number of mammography units? (No more than one survey of a specific unit within a period of 60 days may be counted towards the total mammography unit survey requirement. If experience was acquired after April 28, 1999, it must be under the direct supervision of a qualified medical physicist).	10 units <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes		20 units <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	

5. New modalities: Have you received at least 8 hours of training in surveying units of a new mammography modality before independently performing surveys? (e.g., full-field digital mammography, including computed radiography)

¹No ²Yes

CONTINUING EXPERIENCE

6. How many mammography facilities and units have you surveyed over the previous 24-month period?

facilities: 66 # units: 96

If less than 2 facilities and 6 units, are you in the process of requalifying?

¹No ²Yes

CONTINUING EDUCATION

7. Have you earned at least 15 continuing education units in mammography in a 36-month period? (see FDA's Policy Guidance Help System for acceptable subject areas)

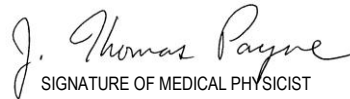
¹No ²Yes

If you answered "No", are you in the process of requalifying?

¹No ²Yes

I certify that the information provided in Section H is true and correct.

Executed on: January 4, 2012
DATE


SIGNATURE OF MEDICAL PHYSICIST