



# Iowa Department of Public Health

## Interpreting Physician Requalification Worksheet

**Please submit supporting documentation**

\_\_\_ Valid Iowa Medical License

\_\_\_ ABR, AOBR, or RCPSC  
**OR** Three Months Training

\_\_\_ Mammography reads under direct supervision\*\*  
240 or # needed to reach 960 (whichever is less)

\*\*Must have total of 960 reads in prior 24 month period within 6 months of requalification date.

\_\_\_ 15 Category 1 CME's in past 36 months  
(or additional # needed to reach 15 in past 36 months)

*For State of Iowa use*

**REQUALIFICATION DATE** \_\_\_\_\_

**INITIAL QUALIFICATION START DATE** \_\_\_\_\_  
(10/01/94 or date initial qualification was completed)

**ADDITIONAL MODALITY START DATE** \_\_\_\_\_  
(8 hours initial training in each additional mammographic modality)

**NAME OF PHYSICIAN** \_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_

IDPH Approval \_\_\_\_\_

Date \_\_\_\_\_