



# Iowa Department of Public Health

## 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 1 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** \_\_\_\_\_

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

Date \_\_\_\_\_