



Iowa Department of Public Health

Interpreting Radiologist Stereotactic Requalification Worksheet

Please submit supporting documentation

- ___ Current Interpreting Physician Qualifications
- ___ Previously met Stereotactic 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 _____

(7/1/98 or date initial qualification was completed)

NAME OF PHYSICIAN _____

PLACE OF EMPLOYMENT _____

IDPH Approval _____

Date _____