



DEPARTMENT OF STATE HEALTH SERVICES
Radiation Safety Licensing Branch
Renewal Application for Mammography Certification

Complete this application and submit to either address below. (Use supplemental sheets as necessary) Retain a copy of the application for your files.

Postal service address:

Department of State Health Services
 Radiation Safety Licensing Branch
 Mammography Certification Program
 P.O. Box 149200
 Austin, Texas 78756-3189

Overnight/express service address:

Department of State Health Services
 Radiation Safety Licensing Branch
 Mammography Certification Program
 8407 Wall Street
 Austin, Texas 78754

If there are any questions, contact the Mammography Certification Program at (512) 834-6688.

Section 1: General Information

Mammography Certification Number: _____

MQSA Facility Identification Number: _____

Legal Name of Facility: _____

DBA(if applicable): _____

County _____

Mailing Address: (Street/City/State/Zip)

Machine Use Location Address: (Street/City/State/Zip)

(If multiple use locations, use additional sheets)

Facility Phone Number: _____ Fax No.: _____

Lead Interpreting Physician: _____

Radiation Safety Officer (RSO): _____

Attach qualifications as required in 25 TAC § 289.226(w)(1).

Telephone No.: _____ E-mail address: _____

Contact Person & Title: _____

Telephone No.: _____ E-mail address: _____

Total number of machines at this site:

Mammography units: _____

Stereotactic Biopsy units: _____

Section 2: Personnel Qualifications

- List all mammography personnel.
- Fill out the “acceptable documents” forms and submit the required documentation in accordance with §289.230(f).
- Make copies of this form as needed

Interpreting Physician(s):

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Radiologic Technologist(s)

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Medical Physicist(s):

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Section 3: Equipment Information

Complete this section for each mammography x-ray unit, including breast biopsy and invasive interventions for localization.

Include a copy of a current medical physicist's survey report for each machine.

1. New Facilities/Sites or New Equipment:
 - a. MP survey report must be dated within the past 6 months.

Note – if there are any failures and/or deficiencies on the report, attach a list of corrective actions. Include copies of service/work invoices with the description of corrective actions.

Site number and location of equipment: _____

Indicate which service this unit is used for, check all that apply:

- Mammography Breast Biopsy
-

1. Control Panel Manufacturer: _____ Control Panel Model Name & Number: _____ Control Panel Serial Number _____

2. Type of Imaging System: Screen/Film Digital

3. Location: Onsite Mobile

For **Digital** units, provide which version of the quality control manual you are utilizing along with the revision number and date:

Version # _____ Revision # _____ Date _____

Section 4: Accreditation Status

1. Accreditation Body: Texas American College of Radiology
2. If you select **American College of Radiology (ACR)**, submit a copy of the application submitted to ACR.
3. If you select Texas, request an accreditation application.

Section 5: Mobile Services

For mobile mammography equipment, complete this section.
{25 TAC§289.230(l)(8)}

Main location where machine and records. will be maintained for inspection. This must be a street address.

Street

City

State

Zip

Attach a sketch or description of the normal configuration of the mammography unit's use including the operator's position and any ancillary personnel's location during exposures. If a mobile van is used with a fixed unit inside, furnish the floor plan indicating protective shielding and the operator's location.

Section 6 Self-referral Authorization

Self-referral is site based. All sites must have authorization from the Department prior to performing self-referred mammograms.

Submit the following information if you wish to conduct self-referral mammography

Number of views for a typical mammogram? _____

Type of views for a typical mammogram? _____

- the age range of the population to be examined and the frequency of the exam following established, nationally recognized criteria of the American Cancer Society, American College of Radiology, or the National Council on Radiation Protection and Measurements.
- written procedures for advising individuals and their private physicians of the results of the mammography examination. Include a method of follow-up to confirm that patients with positive findings, as well as practitioners, have received proper notification.
- a description of the methods used to educate patients in self-examination techniques, and on the necessity for follow-up by a physician.
- film retention policy.

Section 7: Medical Records Retention Policy

Submit to the Department procedures for disposition/retention of medical records including films in the event of termination, failure to renew, or bankruptcy.

Section 8: Signatures

I certify that all information submitted with this application is true and current to the best of my knowledge.

Typed or printed name of person who completed application

Date

Signature

Typed or printed name and title

Date

Signature

This shall be the signature of the Administrator, President, Chief Executive Officer, Owner or Partner of the facility.

As the **lead interpreting physician**, I do hereby affirm that I assume the responsibilities in 25 TAC §289.230(k)(1)(A) in association with this application.

Typed or printed name of lead interpreting physician

Date

Signature

As RSO for this facility, I do assume those duties and responsibilities as listed in 25 TAC 289.226(w)(2). I certify that all information submitted with this amendment is true and current to the best of my knowledge.

Typed or printed name of RSO

Date

Signature

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)