

**UTAH DIVISION OF WASTE MANAGEMENT AND  
RADIATION CONTROL  
MAMMOGRAPHY IMAGING MEDICAL  
PHYSICIST RECERTIFICATION FORM**

The initial and annual evaluation of mammography x-ray equipment in the state of Utah must be performed by a mammography imaging medical physicist approved by the Waste Management and Radiation Control Board (Board). To remain certified by the Board as a mammography imaging medical physicist, an individual shall satisfy the requirements for continuing qualifications.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

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**Part 1: Continuing Education**

Starting from June 1, 2013, list all continuing educational units (CEU) earned in areas specific to mammography (*attach copies of certificates or letters as support documentation*).

<u>Course Description</u>	<u>Sponsoring Body</u>	<u>Date Attended</u>	<u>Number CEU</u>

**Part 2: Mammography Test Equipment**

Provide the information on test equipment used to perform mammography surveys. If there have been no changes since you completed the Certification Application form, then state "not applicable."

<u>Equipment Type</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Calibration Frequency</u>
Mammography Phantom			XXX
Focal Spot Test Tool			XXX
Resolution Test Tool			XXX
kVp Meter			
Densitometer			
Timer Test Tool			
Radiation Dosemeter			
Radiation Detector			

**Part 3: Mammography Survey Experience**

Complete the following sections to show evidence that you have performed two mammography surveys since June 1, 2014. Indicate whether the activity was performed by a “Y” for yes or “N” for no.

<u>Facility</u>	<u>Survey Date</u>	<u>Number Mammo Units Evaluated*</u>	<u>Evaluated Dose to Breast (Y N)</u>	<u>Evaluated Focal Spot and/or Resolution (Y N)</u>	<u>Evaluated Phantom Image Quality (Y N)</u>	<u>Evaluated Processor QC (Y N)</u>

\*List the different mammography x-ray units evaluated by:

Manufacturer                      Model


MIMP Recert - 3/2016

I hereby attest that the submitted recertification form and support documents are to the best of my ability and knowledge true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return the completed form to:

Division of Waste Management and Radiation Control  
Scott Anderson, Director  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880