

# Iowa Department of Public Health

## Bureau of Radiological Health

### Authorization Program

# MOBILE Re-Authorization Application

Facility Name										
Address										
City										
State & ZIP										
Telephone					FAX					
EIN			-							

***Facility Information must match information on facility's MQSA certificate.***

Contact Person	
Telephone	
E-Mail	

Lead Interpreting Physician		Telephone #	
Hospital Administrator/CEO		Telephone #	

Has this facility been reaccredited?	YES	NO
<b>IF YES</b>	MQSA ID No.	MQSA Expiration Date

<b>WORKLOAD INFORMATION:</b>	
Total Yearly Patient Volume:	
Number of Screening Examinations:	
Number of Diagnostic Examinations:	



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**List all Interpreting Physicians (*including lead*)**


**Please enclose proof of the following for each new physician listed above:**

**Established physicians only need to submit the shaded boxes.**

*(Each box should have associated document(s) for proof)*

<b>Current License from the Iowa Board of Medical Examiners</b>
Certification from one of the following: -American Board of Radiology- -American Osteopathic Board of Radiology- -Royal College of Physicians and Surgeons -of Canada in Radiology <b>OR</b> 3 months of official documented mammography training
240 mammogram interpretations within 6 months prior to initial mammography qualification <b>OR</b> Completion of residency within past 2 years
Completion of a minimum of 60 hours of mammography training (residency training allowed)
<b>Interpretation of 960 mammograms in previous 24 months</b>
<b>Minimum of 15 Category 1 mammography CME in previous 36 months</b>
<b>If applicable - 8 hours initial Category 1 CME in new mammographic modality</b>

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## List all Radiologic Technologists:


## Please enclose proof of the following for all new technologists listed:

Established technologists only need to submit shaded boxes.

*(Each box should have associated document(s) for proof)*

Current Iowa Permit to Practice
Completion of an Iowa-approved 40 hour training course (including 25 supervised patients)
Performance of 200 mammograms within prior 24 months
At least 15 hours of mammography specific CEU's within prior 36 months
If applicable – 8 hours initial training in new mammographic modality

## Medical Physicist(s)


**All Medical Physicists must be Iowa approved.  
Please enclose Medical Physicist approval letter.**

# MOBILE Re-Authorization Application

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Facility Name			
Number of Units at Facility			
Any Mobile Units? (If Y, contact IDPH)	Y	N	

*Make copies of this page for each additional mammography unit.*

## Mammography Unit Information

Unit Room Name or Number			
Manufacturer		Model	
Serial No.		Manufacture Date	

Type of Recording System (Check all that apply)	<input type="checkbox"/> Film-Screen	<input type="checkbox"/> Full Field Digital	<input type="checkbox"/> Computed Radiography
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**If the above unit replaces an existing unit, please complete this section for the unit to be removed:**

Manufacturer		Model	
Serial No.		Manufacture Date	
Date Removed from Service			

**NOTE: ONLY NEEDED IF ADDING NEW UNITS AT REAUTHORIZATION TIME**  
Before a new (to your facility) unit may be used on humans, IDPH Authorization Program must receive and approve:

- **Radiation Shielding Plan**
- **New Mammography Facility Application**
- **Medical Physicist Mammography Survey and Mammography Equipment Evaluation** (*performed within 6 months prior to application*)

May submit all materials together, or each individually as acquired. Final approval will be granted when all items are received and reviewed.

**SUBMIT 60 DAYS PRIOR TO FACILITY EXPIRATION:**

- **Phantom Image taken within 1 week of submission**
- **Medical Physicist Survey**

**FFDM and CR must submit Phantom images on HARD COPY**

# MOBILE Re-Authorization Application

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Facility Name			
Number of Mammography Processors			<i>If multiple processors, printers, or review stations, make copies of this form for each.</i>
Number of Mammography Laser Printers			
Number of Mammography Review Workstations			

## Processing and Review Information

(Fill out information applicable to your facility)

<b>SCREEN-FILM</b>			
Film Manufacturer		Film Type	
Processor Manufacturer		Model	
Date of Manufacture		Serial No.	
Developer Type			

<b>FFDM or CR Hard Copy</b>	<b>Location/ Room Name:</b>		
Printer Manufacturer		Model	
Date of Manufacture		Serial No.	

<b>FFDM or CR Soft Copy</b>	<b>Location/Room Name:</b>			
Review Workstation Manufacturer		Model		
Date of Manufacture		Lt. Monitor Serial No.		Rt. Monitor Serial No.

<b>COMPUTED RADIOGRAPHY (CR) READER</b>			
Reader Manufacturer		Model	
Date of Manufacture		Serial No.	

# MOBILE Re-Authorization Application

Iowa Department of Public Health

Facility Name

(as shown on MQSA certificate)

1. The information in this application and its attachments are truthful and accurate.
2. The radiation machine(s) is specifically designed for mammography.
3. The mammography unit(s) meets the equipment requirements described in FDA's Quality Mammography Standards (effective 4/28/99).
4. Iowa Department of Public Health will be notified in writing within 30 days of any changes to this application.
5. All personnel meet the applicable MQSA and State of Iowa requirements.
6. Lead Interpreting Radiologist has reviewed the procedure manuals and they are appropriate.

False statements and/or failure to report changes to this application may result in disciplinary actions against your facility's authorization status.

This must be signed by the lead interpreting physician or the administrator at your facility.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

Lead Radiologist      Administrator/CEO  
(circle one)

**Date** \_\_\_\_\_

**NOTE: Your signature on this document assures that your facility will meet all provisions of the rules that relate to the mammography services provided.**

Please submit the completed application and required materials to the address below. Please print or type all information except signatures.

For questions call (515) 281-0405

**Iowa Department of Public Health  
Bureau of Radiological Health  
Lucas State Office Building  
321 E 12<sup>th</sup> Street  
Des Moines, Iowa 50319**