



Iowa Department of Public Health

Lucas State Office Building
321 E 12th Street
Des Moines, Iowa 50319-0075

Phone: 515-281-0434
Fax: 515-281-4529

Radiologic Technologist Requalification Worksheet

Please submit supporting documentation

___ Iowa Permit to Practice # _____

___ General Certification - ARRT or ARCRT

___ Documentation of 40 hour training (any (1) of the following)

___ ARRT(M)

___ In house Program

___ Other approved program

Name _____

___ 25 supervised patients

___ 15 mammography specific CEU's

For State of Iowa use

REQUALIFICATION DATE _____

INITIAL QUALIFICATION START DATE _____

(10/01/94 or date initial qualification was completed)

ADDITIONAL MODALITY START DATE _____

(8 hours initial training in each additional mammographic modality)

NAME OF TECHNOLOGIST _____

PLACE OF EMPLOYMENT _____

LOCATION OF TRAINING _____

NAME OF TRAINER _____ **PP#** _____

IDPH Approval _____