

Application for Provisional Mammographer

This form is an application for registration as a Colorado Provisional Mammographer for performing mammographic examinations under supervision of an ARRT (M) registered mammographer. The registration is for a one year period and may be renewed one time. Renewals must be received 30 days prior to the expiration date. Please refer to 6 CCR 1007-1 Colorado Rules and Regulations Pertaining to Radiation Control Part 2, 2.4.5.4 and Appendix 2M for additional information.

Provisional Mammographer application fee _____ (\$60 fee)

Provisional Mammographer renewal fee _____ (\$60 fee)

Applicant Name: _____

Address: _____

City, State, zip: _____

ARRT (R) Certification Number: _____

Phone 1: _____ circle type(home cell work) Phone 2: _____ circle type(home cell work)

Email : _____

Didactic Training (educational)

Applicant must complete forty (40) hours or more documented training including breast anatomy and physiology, positioning and compression, quality assurance/quality control techniques, and imaging of patients with breast implants. Include documentation of didactic training (syllabus, course outline, certificates of completion).

Training Facility Name: _____

Training Coordinator Name: _____

Training Facility Address, City, State, Zip _____

Trainer phone: _____ Trainer e-mail: _____

Training Coordinator Signature: _____ Date: _____

I certify by my signature below under penalty of law that this application is prepared in conformity with the Colorado Department of Public Health and Environment's 6 CCR 1007-1 *Rules and Regulations pertaining to Radiation Control* and that all information contained herein, including any attachments, is true, accurate and complete to the best of my knowledge and belief. I understand that I must be approved as a provisional mammographer before performing mammography procedures in the state of Colorado.

Applicant signature

Date of application

Send completed form with all attachments to

Email: Susan.Guiet@state.co.us

or

cdphe.hmxraycomments@state.co.us

Mail:

Colorado Department of Public Health and Environment

HMWMD- XRC -B1

4300 Cherry Creek Drive South

Denver, CO 80246-1530

For Office Use Only

Application received date: _____

Payment:

Check # _____ Check date _____ Amt. of Payment \$ _____ CDPHE Staff Initials _____

Approved Denied - Reason for denial: _____

Approval/Denial date: _____ Reviewed by: _____

Supervisor review date: _____

Registration letter sent date : _____ by _____ Email Mail