**APPLICATION FORM: Mammography Testing Certification**

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| **PERSONAL INFORMATION** | |
| **Title** |  |
| **First name** |  |
| **Other name(s)** |  |
| **Last name** |  |
| **Email** |  |
| **Phone** |  |

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| **PROFESSIONAL INFORMATION** | |
| **Medical Physics discipline(s)** |  |
| **Are currently enrolled in TEAP? If currently enrolled, state how far into the 3 year period you are.** |  |
| **Current practice location (State/Territory)** |  |
| **Detail your years of experience compliance testing X-ray, CT, fluoroscopy and mammography equipment including an estimate of the number of each modality tested to date** |  |
| **Your current or planned involvement in mammography Equipment Assessments** |  |
| **Details of mammography equipment you will have access to for the course assessments (number of, makes and models, modes available)** |  |
| **Name and contact details of your supervising Approved Equipment Assessor\*** |  |

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| Signed: |  |
| Date: |  |
| Supporting documents attached | Current CV  Letter of support from supervising Approved Equipment Assessor\* |

\**Approved Equipment Assessor* is an ACPSEM certified Mammography Equipment Assessors as per the RANZCR MQAP website.