

Each medical physicist who provides medical physicist services at this facility must meet the following FDA requirements and complete one copy of Section H. Please print or type. You may photocopy this form, but retyped versions will not be accepted. Original, electronic or faxed signatures are required and considered legally binding for this document. Stamped signatures are not acceptable. Signature dates must be within one year from the date of the most recent medical physicist's Annual Survey report. **Please complete all sections; an incomplete application will delay your accreditation.**

PRIVILEGED and CONFIDENTIAL • PEER REVIEW

Code of Virginia 8.01-581.17

SECTION H • PERSONNEL • MEDICAL PHYSICIST

1. Name OLLEY JACK A BS
 Last name First name MI Degree
2. ACR Membership ID#: (optional) _____
3. Initial qualifying date (earliest date qualified to do mammography physics. Medical physicists qualifying prior to the MQSA Interim Rules should check "prior to October 1, 1994."):
 prior to October 1, 1994 or specify date after October 1, 1994 _____ / _____
 mo year

INITIAL QUALIFICATIONS

4. Do you meet FDA requirements for initial qualifications for medical physicists? *complete ONLY the column that pertains to you*

FDA Requirements	Initial Qualifications (Master's degree or higher)	Alternative Initial Qualifications <i>must have met before April 28, 1999</i> (Bachelor's degree)
Qualified as a medical physicist under FDA's interim regulations and retained that qualification by maintenance of the active status of licensure, approval, or certification?	<i>Not applicable</i>	<input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes
Board Certified by either (1) the American Board of Radiology in Diagnostic Radiological Physics (alone or combined with another sub-specialty), Radiological Physics, Roentgen Ray or Gamma Ray Physics or X-Ray and Radium Physics or (2) the American Board of Medical Physics in Diagnostic Imaging Physics?	American Board of Radiology _____ Year American Board of Medical Physics _____	American Board of Radiology _____ Year American Board of Medical Physics _____
State licensed?	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	<input checked="" type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes
State approved?	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	<input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes
Meet the following degree requirement in a physical science from an accredited institution?	Master's degree or higher <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	Bachelor's degree obtained before training and initial experience <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes
Have no less than the following semester hours or equivalent of college undergraduate or graduate level physics?	20 semester hours or equivalent <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	10 semester hours or equivalent <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes
Have the following contact hours of documented specialized training in conducting surveys of mammography facilities?	20 hours <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	40 hours <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes
Have experience conducting surveys of at least one mammography facility and the following number of mammography units? (No more than one survey of a specific unit within a period of 60 days may be counted towards the total mammography unit survey requirement. If experience was acquired after April 28, 1999, it must be under the direct supervision of a qualified medical physicist).	10 units <input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	20 units <input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes
Have you received at least eight hours of training in surveying units of a new mammography modality before independently performing surveys?	<input type="checkbox"/> ¹ No <input checked="" type="checkbox"/> ² Yes, full-field digital mammography	

CONTINUING EXPERIENCE

5. How many mammography facilities and units have you surveyed over the previous 24-month period?

facilities 36 units 55

If less than 2 facilities and 6 units, are you in the process of requalifying?

¹ No ² Yes

CONTINUING EDUCATION

6. Have you earned at least 15 continuing education units in a 36-month period?

¹ No ² Yes

If you answered "No", are you in the process of requalifying?

¹ No ² Yes

I certify that the information provided in Section H is true and correct.

Executed on 2/22/2008
Date

Jacob A. Olley
Signature of Medical Physicist