



Iowa Department of Public Health

Radiologic Technologist Stereotactic Requalification Worksheet

Please submit supporting documentation

___ Current Radiologic Technologist Qualifications

___ Previous Stereotactic Qualifications met

___ 3 Stereotactic Biopsies under direct supervision

___ 3 Stereotactic specific CEU's
or # needed to bring to 3 CEU's

For State of Iowa use

STEREOTACTIC REQUALIFICATION DATE _____

INITIAL STEREOTACTIC QUALIFICATION START DATE _____

(07/01/98 or date initial qualification was completed)

NAME OF TECHNOLOGIST _____

PLACE OF EMPLOYMENT _____

LOCATION OF TRAINING _____

NAME OF TRAINER _____ **PP#** _____

IDPH Approval _____

Date _____