

**State of Nevada**  
**Application for Mammography Machine Certification/Renewal**  
**Interpreting Physicians Supplement Form**

**Registration Number:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Facility Mailing Address:** \_\_\_\_\_

**Facility Physical Address:** \_\_\_\_\_

**Physician**

Lead Interpreting Physician:  Yes  No

Last Name \_\_\_\_\_ MI \_\_\_\_\_

First Name \_\_\_\_\_

**Provide a current/valid copy of the following:**

- Nevada Medical Examiners Board (Card)/ Nevada Board of Osteopathic Medicine (Card)
- Board Certification/Board Eligibility letter
- Initial Mammography Training
- Initial Mammography Modality Training (8 hours per Modality)  
S/F  FFDM  DBT  (Please check all that apply) Hologic Siemens GE
- Continuing Education (15 CME's/36 months)
- Continuing Experience (960 exams/24 months) **must be broken down by month.** If not, provide documentation of requalification.

All entries on this application must be legible. A separate Interpreting Physician Supplement Form must be provided for each interpreting physician. **Attach supporting documentation to this form.** Duplications and unnecessary documents will delay certification. Incomplete applications will be returned to registrant.

**NAC 457.345** Interpreter of mammograms: Prerequisites to certification of machine. (NRS 457.065, 457.184)

1. A person who is employed or retained by a facility for mammography to interpret mammograms must comply with the requirements of this section as a prerequisite to the issuance or renewal of any certificate for a machine located at the facility.
2. The person:
  - (a) Must be a physician licensed pursuant to chapter 630 or 633 of NRS; and
  - (b) Must satisfy the qualifications for an interpreting physician set forth in 21 C.F.R. § 900.12(a)(1).  
(Added to NAC by Bd. of Health, eff. 1-24-92; A 7-7-94; 11-1-95; R033-06, 6-28-2006)