



MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

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AccuBoost Positioning Training Verification Form

Name _____ Facility _____
CTT# _____ Expiration Date _____

Facility Address _____

Phone number _____ Fax Number _____
(Copy will be faxed and mailed to facility)

Section 1

Date of Training _____

Hours of Training _____ (Minimum of 4 Hours)

Place of Training _____

CMT Trainer Name _____

CMT# _____ Expiration Date _____

Place(s) of Employment for past 5 year
(Must have been performing mammography for past 5 years)

Section 2

How many positioning demonstrations have been completed for each of the below positions? Please check box for each position trainee has demonstrated proficiency in. (A minimum of 10 demonstrations is required for CC and lateral)

CC Number of demonstrations _____

MLO Number of demonstrations _____

Lateral Number of demonstrations _____

I, _____ have trained _____

In positioning for the AccuBoost system. I verify he/she is capable of positioning correctly.

CMT Trainer Signature _____ Date _____

CTT Trainee Signature _____ Date _____

For MRTBE use only

Date _____

Division of Arizona Radiation Regulatory Agency

Seal