



STEREOTACTIC BREAST BIOPSY ACCREDITATION PROGRAM

Verification Checklist

**Required documentation must be submitted or the application will be returned.
Please attach level 1 and 2 documents and mail with the completed entry application,
survey agreement and this verification form.**

Select one:

- Experience was post-residency course of instruction.
- Experience was a component of an approved residency program.

Surgeon in a collaborative setting - Attach:

- Level 1. Documentation of attendance: Verification of three hours of Category 1 CME in stereotactic breast biopsy.
- Level 2. Documentation of course completion: Verification of satisfactory completion of course objectives.

Surgeon practicing independently - Attach:

- Level 1. Documentation of attendance. Verification of 15 hours of Category 1 CME in stereotactic breast biopsy (including four hrs. of medical radiation physics).
- Level 2. Documentation of course completion: Verification of satisfactory completion of course objectives.

OR

- Letter attesting to three years experience performing 36 stereotactic breast biopsies.

_____/_____
Signature Facility

For Cancer Department Use Only

Date reviewed: _____ Staff reviewer: _____

- Practicing surgeon is a Fellow. Yes No
 Entry application complete. Yes No
 Documentation received. Yes No

Recommendation: _____