



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Radiation Control Program

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Secretary

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MAMMOGRAPHY PERMITEE APPLICATION

NAME

MA LICENSE #

ADDRESS

HOME PHONE #

PLACE OF EMPLOYMENT

WORK PHONE #

ONCE YOUR APPLICATION HAS BEEN PROCESSED, YOU WILL BE ISSUED A PERMIT TO OBTAIN SUPERVISED TRAINING BY A FULLY LICENSED MASSACHUSETTS RADIOGRAPHY MAMMOGRAPHY TECHNOLOGIST. THE TRAINING TO BE OBTAINED IN MASSACHUSETTS MUST INCLUDE A MINIMUM OF 75 MAMMOGRAPHY PROCEDURES AND HANDS-ON TRAINING IN ALL OF THE OTHER REQUIRED ASPECTS OF QUALITY ASSURANCE IN MAMMOGRAPHY.

PURSUANT TO 125.006 (D) (1) & (2), PERMITS ARE NOT RENEWABLE AND SHALL NOT EXCEED ONE YEAR.

NAME OF SUPERVISING MAMMOGRAPHY TECHNOLOGIST

MASS LICENSE #

PLACE OF TRAINING

PHONE NUMBER

SIGNATURE OF APPLICANT

DATE