Mammography for Certification

This course will provide: CE credits for licensed radiographers, along with all the information needed for the ARRT Mammography registry exam. Student radiographers wishing to satisfy the initial qualifications of the MQSA (Mammography Quality Standards Act) may want to enroll in this course as well. Topics for this intensive course include, but are not limited to: breast anatomy & pathophysiology, mammographic positioning, mammography QA/QC, breast cancer history & statistics, and mammographic equipment. The course will be offered at the Downstate campus for seven (7) Saturdays, from 9 am-1 pm.

Program Coordinator: Professor Kenneth Martinucci kenneth.martinucci@downstate.edu Tel: 718-270-7457

The deadline to apply: We are accepting applications on a space available basis

Please go to http://www.downstate.edu/CHRP/mammography-radiologic.html for more information

Seminar Cost

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Technologists</td>
<td>$500</td>
</tr>
<tr>
<td>Senior RT Students</td>
<td>$400</td>
</tr>
</tbody>
</table>

Please make check payable to SUNY IFR #900010-00 and mail the same to:
Professor Kenneth P. Martinucci
SUNY Downstate Medical Center
450 Clarkson Ave, MSC 94
Brooklyn, New York 11203

Attendance

- Radiographers and Technologists must attend the entire course in order to receive the full 30 hours for ASRT/CME credit.
- Students must attend the entire course in order to receive the full 30 contact hours

Refund Policy

Course tuition is refundable only if written notification is received three (3) days prior to the beginning of the course.

SUNY DOWNSTATE MEDICAL CENTER MAMMOGRAPHY REGISTRATION FORM

LAST NAME ___________________________ FIRST NAME ___________________________ MI __________

STREET ____________________________________________________________ APT. NO. __________

CITY ___________________________ STATE ______ ZIP CODE __________

WORK PHONE# _______________ HOME PHONE # _______________ CELL PHONE# _______________

EMAIL ADDRESS ___________________________ INSTITUTION/SCHOOL ___________________________

Please email completed form to kenneth.martinucci@downstate.edu