

Attachment 7

Physician Application for Certification – CDC/NIOSH (M) 2.12

2 sided form (printed front and back)

Reset Form

Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health Physician Application for Certification		STATUS	FOR NIOSH USE ONLY OMB No.: 0920-0020
RETURN TO	NIOSH Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505	ACTIVE STATE LICENCE(S) State: <input type="text"/> License #: _____ State: <input type="text"/> License #: _____ State: <input type="text"/> License #: _____	
NAME (LAST-FIRST-MIDDLE)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
Social Security Number is requested solely for identification (and for reimbursement of readers involved in classifying for NIOSH programs). It will be treated as confidential information and released only with permission of the applicant.			
HOSPITAL OR DEPARTMENT		STREET ADDRESS	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	During the last year, average number of chest radiographs viewed and assessed per month: _____	During the last year, average number of chest radiographs classified according to ILO system per month: _____	
SPECIALTY: Primary: _____ Board Certified? Primary Yes <input type="checkbox"/> No <input type="checkbox"/> Secondary: _____ Secondary Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/>	I am applying to be an A Reader, and		
<input type="checkbox"/>	I am submitting six chest radiographs, along with my classifications performed according to the <i>Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses</i> ; or		
<input type="checkbox"/>	I have taken instruction in the current edition of the <i>ILO International Classification of Radiographs of Pneumoconioses</i>		
	I attended the approved course at: _____ on _____ <div style="text-align: center;">City Date</div>		
<input type="checkbox"/>	I am applying to be a B Reader, and		
<input type="checkbox"/>	I have most recently taken the B Reader Certification exam at: _____ on _____ <div style="text-align: center;">City Date</div>		
<input type="checkbox"/>	I have most recently taken the B Reader Recertification exam at: _____ on _____ <div style="text-align: center;">City Date</div>		
Are you employed by a Federal Government Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, which one and where is your duty station? _____			
Would you be interested in classifying chest radiographic images for NIOSH programs (e.g., the national Coal Workers' X-Ray Surveillance Program)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you anticipate that you will use this certification to document your credentials to classify chest radiographs for other (non-NIOSH) programs or purposes?			
Occupational Health Programs Yes <input type="checkbox"/> No <input type="checkbox"/>		Government Programs Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical-Legal Activities Yes <input type="checkbox"/> No <input type="checkbox"/>		Individual Patient Care Yes <input type="checkbox"/> No <input type="checkbox"/>	
Investigations / Research Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe "other" activity: _____			

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I agree that I will abide by the B Reader Code of Ethics when classifying chest radiographic images. If I participate in the Coal Workers' X-Ray Surveillance Program, my performance will be conducted in the manner specified by HHS regulation 42 C.F.R. Part 37, and I understand that information related to classifications of individual radiographs made in connection with this program will be held strictly confidential and divulged only as specified by the above-mentioned regulation. I further understand that: 1) My B Reader certification requires an active license to practice medicine in the United States and I must notify the NIOSH B Reader Program within 60 days if my medical license is revoked, suspended, voluntarily relinquished or surrendered, or converted to inactive status^{*}; 2) NIOSH does not regulate or monitor my classification of chest images performed for non-NIOSH purposes; 3) If NIOSH becomes aware of violations, or allegations of violations, of the B Reader Code of Ethics, it may, at its discretion, notify appropriate authorities, including the applicable State Board(s) of Medicine.

^{*}Send written notification to:

NIOSH Coal Workers' Health Surveillance Program, 1095 Willowdale Road, M/S LB208, Morgantown, WV 26505

DATE	PHYSICIAN SIGNATURE				
02/07/2014					
FOR NIOSH USE ONLY					
CERT DATE	DATE OF EXAM	TYPE OF EXAM	SCORE	STUDY METHOD	EXAM SITE
		B R		A B C D	

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.

CDC 2.12 (E), Revised December 2013, CDC Adobe Acrobat 10.1, S508 Electronic Version, January 2014

Print Form

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