

Attachment 12 –
Physician Application for Certification – Form 2.12

PHYSICIAN APPLICATION FOR CERTIFICATION Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health		STATUS	FOR NIOSH USE ONLY		
RETURN TO	NIOSH Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505 FAX: 304-285-6058	ACTIVE STATE LICENSE(S) State: _____ License #: _____ State: _____ License #: _____ State: _____ License #: _____			
SOCIAL SECURITY NUMBER (Full SSN is optional; last 4 digits are required)					
NAME (LAST-FIRST-MIDDLE)			INITIALS	DATE OF BIRTH	
HOSPITAL OR DEPARTMENT		STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY		
TELEPHONE NUMBER		EMAIL ADDRESS			
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: _____					
SPECIALITY:	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 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>				
<input type="checkbox"/>	I want my name and contact information included on the CDC Internet listing of physicians who have demonstrated competence in applying the ILO classification by successfully completing the NIOSH B Reader examination.				
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 Coal Workers' Health 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?					
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"/>	Occupational Health Programs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investigations / Research	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other (describe below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Describe "other" activity: _____

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 treated in a secure manner and will not be disclosed, unless otherwise compelled by law. 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
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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-74, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.