ACR Accreditation
Medical Physicist/MR Scientist Personnel Form

Name of Medical Physicist/MR Scientist: _____

Accredited Modalities Performed: _____

List course name and give a brief description of the course. Include date, number of hours, CME category and what modalities are covered by the course. **During a validation site visit, copies of the CME certificates or print outs from a source such as cmegateway.org, RSNA, AAPM, etc. will be necessary.**

Make additional copies of this form as needed.

CME/CEU courses

Course Name/Description	Date	Number of Hours	Category (1 or 2)	Modality