

Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health		STATUS	FOR NIOSH USE ONLY																									
Physician Application for Certification																												
RETURN TO	NIOSH Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505		ACTIVE STATE LICENSE(S) State: _____ License #: _____ State: _____ License #: _____ State: _____ 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 No Secondary: _____ Secondary Yes No																												
	I am applying to be an A Reader, and 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 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>																											
	I am applying to be a B Reader, and I have most recently taken the B Reader Certification exam at: _____ on _____ <div style="text-align: center;">City Date</div> 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 No 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 No																												
Do you anticipate that you will use this certification to document your credentials to classify chest radiographs for other (non-NIOSH) programs or purposes?																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Occupational Health Programs</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 30%;">Government Programs</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Medical-Legal Activities</td> <td>Yes</td> <td>No</td> <td>Individual Patient Care</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Investigations / Research</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> </table>					Occupational Health Programs	Yes	No	Government Programs	Yes	No	Medical-Legal Activities	Yes	No	Individual Patient Care	Yes	No	Investigations / Research	Yes	No				Other	Yes	No			
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Other	Yes	No																										
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 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
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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 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0020).