



**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.57, 35.50]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (MM/DD/YYYY)

Name of Individual RSO ARSO

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100 35.200 35.300 35.400 35.500 35.600 (remote afterloader)
- 35.600 (teletherapy) 35.600 (gamma stereotactic radiosurgery) 35.1000 (_____)

**PART I -- TRAINING AND EXPERIENCE
(Select one of the five methods below)**

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.50;
 - (i) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
 - (ii) Stop here
- c. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.51(a);
 - (i) Provide documentation demonstrating that the individual has experience using the requested materials and uses in the boxes checked above;
 - (ii) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
 - (iii) Stop here
- d. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2);
 - (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
 - (ii) Stop here

OR

2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above

- a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
- b. If board certified stop here. If not board certified, provide completed Part II Preceptor Attestation.

OR

3. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on a license or permit identified in 10 CFR 35.50 (c)(2)

- a. Provide the NRC license number, or a copy of the license or permit identifying the individual as as authorized user.
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. If board certified stop here. If not board certified, provide completed Part II Preceptor Attestation.

OR

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

4. Individuals applying simultaneously to be the RSO and AU on a new license

- a. Documentation of training and experience to be a new AU is attached
- b. The new license application is attached.
- c. Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
- d. Stop here.

OR

5. Structured Educational Program for Proposed RSO or ARSO

a. Classroom and Laboratory Training

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--|----------------------|-------------|--------------------|
| Radiation physics and instrumentation | | | |
| Radiation protection | | | |
| Mathematics pertaining to the use and measurement of radioactivity | | | |
| Radiation biology | | | |
| Radiation dosimetry | | | |

Total Hours of Training:

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Description of Experience | Location of Training/ License or Permit Number of Facility | Dates of Training* |
|---|---|-----------------------|
| Shipping, receiving, and performing related radiation surveys | | |
| Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides | | |
| Securing and controlling byproduct material | | |
| Using administrative controls to avoid mistakes in administration of byproduct material | | |
| Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures | | |
| Using emergency procedures to control byproduct material | | |
| Disposing of byproduct material | | |
| Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> | | |

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| | |
|---|--|
| Supervising Individual | License/Permit Number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer |
| The supervising individual is authorized as the _____ for the following medical uses: | |
| <input type="checkbox"/> 35.100 | <input type="checkbox"/> Radiation Safety Officer or the |
| <input type="checkbox"/> 35.200 | <input type="checkbox"/> Associate Radiation Safety Officer |
| <input type="checkbox"/> 35.300 | <input type="checkbox"/> 35.400 |
| <input type="checkbox"/> 35.500 | <input type="checkbox"/> 35.600 (teletherapy) |
| <input type="checkbox"/> 35.600 (remote afterloader) | <input type="checkbox"/> 35.1000 (_____) |
| <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) | |

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

| Description of Training | Training Provided By | Dates of Training* |
|---|----------------------|--------------------|
| Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.300 uses | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.400 uses | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s): | | |

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

| | |
|---|--|
| Supervising Individual <i>If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i> | License/Permit Number listing supervising individual |
|---|--|

License/Permit lists supervising individual as:

Radiation Safety Officer Associate Radiation Safety Officer
 Authorized User Authorized Nuclear Pharmacist Authorized Medical Physicist

Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses:

35.100 35.200 35.300 35.400
 35.500 35.600 (remote afterloader) 35.600 (teletherapy)
 35.600 (gamma stereotactic radiosurgery) 35.1000 (_____)

d. Skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Structured Educational Program for Proposed RSO or ARSO

I attest that _____ has satisfactorily completed
Name of Proposed RSO/ARSO
a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

AND

Second Section

I attest that _____ has training in
Name of Proposed RSO/ARSO
radiation safety, regulatory issues, and emergency procedures for the following types of use:

Complete for all (check all that apply):

- 35.100 35.200
- 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300 parental administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or its photon energy, less than 150 keV for which a written directive is required

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

PART II – PRECEPTOR ATTESTATION (continued)

Complete for all (check all that apply):

- 35.400
- 35.500
- 35.600 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:

AND

Third Section

I attest that

Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer

is able to independently fulfill the radiation safety-related duties as:

A Radiation Safety Officer for a medical use licensee.

OR

An Associate Radiation Safety Officer for a medical use licensee.

Fourth Section

Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for

I am the Associate Radiation Safety Officer for

Name of Facility: _____

License/Permit Number: _____

Name of Preceptor (Typed or printed)

Telephone Number

Date

Signature



**AUTHORIZED MEDICAL PHYSICIST AND OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**
[10 CFR 35.51, 35.57(a)(3), and 35.433]

Name of Individual _____
 Authorized Medical Physicist
 Ophthalmic Physicist (go to Page 4)

Requested Authorization(s) (check all that apply)
 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE (Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

AUTHORIZED MEDICAL PHYSICIST

1. Board Certification

- a. Provide a copy of the board certification.
- b. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.51:
 - (i) Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
 - (ii) Stop here.
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57(a)(3), attach:
 - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - (iii) Stop here.

2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above

- a. Go to the table in section 3.c. to document training for new device.
- b. If not board certified skip to and complete Part II Preceptor Attestation.
- c. If board certified, stop here.

3. Education, Training, and Experience for Proposed Authorized Medical Physicist

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

| | |
|-----------------------|-------------|
| Degree | Major Field |
| College or University | |

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

**AUTHORIZED MEDICAL PHYSICIST AND OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (continued)**

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)
If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

| Description of Training/ Experience | Location of Training/License or Permit Number of Training Facility/Medical Devices Used+ | Dates of Training* | Dates of Work Experience* |
|--|---|-----------------------|------------------------------|
| Medical Physics | | | |
| Performing sealed source leak tests and inventories | | | |
| Performing decay corrections | | | |
| Performing full calibration and periodic spot checks of external beam treatment unit(s) | | | |
| Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s) | | | |
| Performing full calibration and periodic spot checks of remote afterloading unit(s) | | | |
| Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s) | | | |

Supervising Individual** License/Permit Number listing supervising individual as an authorized Medical Physicist

for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

**AUTHORIZED MEDICAL PHYSICIST AND OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (continued)**

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

| Description of Training | Training Provider and Dates | | |
|--|-----------------------------|---|---------------------------------|
| | Remote Afterloader | Teletherapy | Gamma Stereotactic Radiosurgery |
| Hands-on device operation | | | |
| Safety procedures for the device use | | | |
| Clinical use of the device | | | |
| Treatment planning system operation | | | |
| Supervising Individual <small>If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</small> | | License/Permit Number listing supervising individual as an authorized Medical Physicist | |
| for the following types of use: | | | |
| <input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s) | | | |

| Authorization Sought | Device | Training Provided By | Dates of Training |
|---------------------------------------|--------|----------------------|-------------------|
| 35.400 Ophthalmic Use of strontium-90 | | | |

d. Skip to and complete Part II Preceptor Attestation.

**AUTHORIZED MEDICAL PHYSICIST AND OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (continued)**

4. Education, Training, and Experience for Proposed Ophthalmic Physicist

a. Complete the table below to document education;

| | |
|-----------------------|-------------|
| Degree | Major Field |
| College or University | |

b. Supervised Full-Time practical training and experience in medical physics

Yes. Completed 1 year of full-time training in medical physics under the supervision of _____ medical physicist at _____

AND

Yes. Completed 1 year of full-time work experience in medical physics at _____

_____ under the supervision of _____ medical physicist.

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

c. Complete the table below to document training and supervised work experience.

| Description of Training | Location of Training/License or Permit Number of Training Facility | Dates of Training* |
|---|--|--------------------|
| The creating, modifying, and completing of written directives. | | |
| Procedures for administrations requiring a written directive | | |
| Performing the calibration measurements of brachytherapy sources as detailed in 10 CFR 35.432 | | |
| Supervising Individual | License/Permit Number | |

d. Stop here

**AUTHORIZED MEDICAL PHYSICIST AND OPHTHALMIC,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (continued)**

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Complete the following:

I attest that _____ has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section

Complete the following:

I attest that _____ has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section

Complete the following:

I attest that _____ is able to independently fulfill the radiation safety-related
Name of Proposed Authorized Medical Physicist
duties as an Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, 35.57, or equivalent Agreement State requirements for Authorized medical physicist for the following:

- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

| | |
|-------------------|------------------------|
| Name of Facility: | License/Permit Number: |
|-------------------|------------------------|

| | | |
|--------------------------------------|------------------|------|
| Name of Preceptor (Typed or Printed) | Telephone Number | Date |
|--------------------------------------|------------------|------|

| |
|-----------|
| Signature |
|-----------|



**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND
EXPERIENCE AND PRECEPTOR ATTESTATION**
[10 CFR 35.55]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 05/31/2016

Name of Proposed Authorized Nuclear Pharmacist

State or Territory Where Licensed

PART I -- TRAINING AND EXPERIENCE
(Select one of the two methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the nuclear pharmacy uses.

1. Board Certification

- a. Provide a copy of the board certification.
- b. Skip to and complete Part II Preceptor Attestation.

2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist

- a. Classroom and Laboratory Training.

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--|----------------------|-------------|--------------------|
| Radiation physics and instrumentation | | | |
| Radiation protection | | | |
| Mathematics pertaining to the use and measurement of radioactivity | | | |
| Chemistry of byproduct material for medical use | | | |
| Radiation biology | | | |

Total Hours of Training:

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION (continued)**

2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist (continued)

b. Supervised Practical Experience in a Nuclear Pharmacy.

| Description of Experience | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|--|---|-------------|----------------------|
| Shipping, receiving, and performing related radiation surveys | | | |
| Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides | | | |
| Calculating, assaying, and safely preparing dosages for patients or human research subjects | | | |
| Using administrative controls to avoid medical events in administration of byproduct material | | | |
| Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures | | | |
| Total Hours of Experience: | | | |
| Supervising Individual | | | |

c. Go to and complete Part II Preceptor Attestation.

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION (continued)**

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Nuclear Pharmacist

10 CFR 35.55(a)(1), (a)(2), and (a)(3) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

OR

Structured Educational Program

I attest that _____ has satisfactorily completed a 700-hour structured
Name of Proposed Authorized Nuclear Pharmacist

educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 10 CFR 35.55(b)(1) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

Second Section

Complete the following for preceptor attestation and signature:

I am an Authorized Nuclear Pharmacist for _____,
Nuclear Pharmacy or Medical Facility

License/Permit Number

| Name of Preceptor | Signature | Telephone Number | Date |
|-------------------|-----------|------------------|------|
| | | | |



AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590]

| | |
|----------------------------------|-----------------------------------|
| Name of Proposed Authorized User | State or Territory Where Licensed |
|----------------------------------|-----------------------------------|

Requested Authorization(s) *(check all that apply)*

- 35.100 Uptake, dilution, and excretion studies 35.200 Imaging and localization studies
- Generator elution for 35.300 AU
- 35.500 Sealed sources for diagnosis (specify device) _____

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
- (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - (iii) Stop here.

2. Current 35.390 Authorized User Seeking Additional 35.290(c)(1)(ii)(6) Authorization

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Description of Experience | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|--|---|-------------|----------------------|
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | | | |

Total Hours of Experience:

| | |
|------------------------|--|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user |
|------------------------|--|

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

- 35.290 35.390 + generator experience in 35.290(c)(1)(ii)(G) 35.57 for 35.200 uses

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--|----------------------|-------------|--------------------|
| Radiation physics and instrumentation | | | |
| Radiation protection | | | |
| Mathematics pertaining to the use and measurement of radioactivity | | | |
| Chemistry of byproduct material for medical use <i>(not required for 35.590)</i> | | | |
| Radiation biology | | | |
| Total Hours of Training: <input type="text"/> | | | |

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Supervised Work Experience | | Total Hours of Experience: | |
|--|---|---|----------------------|
| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

| Description of Experience Must include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
|--|--|---|-------------------------|
| Calculating, measuring, and safely preparing patient or human research subject dosages | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Administering dosages of radioactive drugs to patients or human research subjects | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist | | |
| Supervisor meets the requirements below, or equivalent Agreement State requirements (<i>check one</i>). | | | |
| <input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.390 + generator experience in 35.290(c)(1)(ii)(G) <input type="checkbox"/> 35.55 <input type="checkbox"/> 35.57 for 35.200 uses | | | |

c. For 35.590 only, provide documentation of training on use of the device.

| Device | Type of Training | Location and Dates |
|--------|------------------|--------------------|
| | | |
| | | |

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User
 experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User
 and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290 (c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

Second Section

Complete one of the following for attestation and signature:

- Authorized User:
- I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
 35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses
- OR**
- Residency Program Director:
- I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:
 35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses
- I affirm that this facility member concurs with the attestation I am providing as program director.
- I affirm that the residency training program is approved by the:
- Residency Review Committee of the Accreditation Council for Graduate Medical Education
- Royal College of Physicians and Surgeons of Canada
- Committee on Post-Graduate Training of the American Osteopathic Association
- I affirm that the residency training program includes training and experience specified in:
- 35.190(c)(1) 35.290(c)(1)

| | |
|-------------------|------------------------|
| Name of Facility: | License/Permit Number: |
|-------------------|------------------------|

| | | |
|--|------------------|------|
| Name of Preceptor or Residency Program Director (Typed or Printed) | Telephone Number | Date |
|--|------------------|------|

Signature _____



**AUTHORIZED USER TRAINING, EXPERIENCE, AND
PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (MM/DD/YYYY)

| | |
|----------------------------------|-----------------------------------|
| Name of Proposed Authorized User | State or Territory Where Licensed |
|----------------------------------|-----------------------------------|

Requested Authorization(s) (check all that apply):

- 35.300 Use of unsealed byproduct material for which a written directive is required
- OR**
- 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.300 Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification**
 - a. Provide a copy of the board certification.
 - b. For 35.390, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.
 - c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.
 - d. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), provide the following:
 - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - e. Stop here.
- 2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**
 - a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):
 - 35.390 35.392 35.394 35.490 35.690
 - b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified stop here. If not board certified, provide completed Part II Preceptor Attestation.
 - c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--|----------------------|----------------------|--------------------|
| Radiation physics and instrumentation | | | |
| Radiation protection | | | |
| Mathematics pertaining to the use and measurement of radioactivity | | | |
| Chemistry of byproduct material for medical use | | | |
| Radiation biology | | | |
| Total Hours of Training: | | <input type="text"/> | |

b. Supervised Work Experience 35.390 35.392 35.394 35.396

(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

| Supervised Work Experience | | Total Hours of Experience: | |
|--|---|---|----------------------|
| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Calculating, measuring, and safely preparing patient or human research subject dosages | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

| | |
|------------------------|--|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user |
|------------------------|--|

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 35.390 | With experience administering dosages of: <input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy of less than 150keV, for which a written directive is required |
| <input type="checkbox"/> 35.392 | |
| <input type="checkbox"/> 35.394 | |
| <input type="checkbox"/> 35.396 | |
| <input type="checkbox"/> 35.57 | |

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

| Description of Experience | Number of Cases Involving Personal Participation | Location of Experience/License or Permit Number of Facility | Dates of Experience* |
|--|--|---|----------------------|
| Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) | | | |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) | | | |
| Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required | | | |

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

| | |
|------------------------|--|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user |
|------------------------|--|

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

| | |
|---------------------------------|---|
| <input type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input type="checkbox"/> 35.392 | <input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input type="checkbox"/> 35.394 | <input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input type="checkbox"/> 35.396 | <input type="checkbox"/> Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a written directive is required |
| <input type="checkbox"/> 35.57 | |

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for the requested authorization:

For 35.390:

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

For 35.392:

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394:

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Second Section

I attest that _____ has satisfactorily completed the required clinical case

Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy less than 150 keV, for which a written directive is required

Third Section

I attest that _____ is able to independently fulfill the radiation safety-related

Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a written directive is required

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____

Name of Proposed Authorized User

- is an authorized user under 10 CFR 35.490 or 35.690 or equivalent Agreement State requirements,
- has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (e)(1), and the supervised work and clinical case experience required by 35.396(e)(2), and
- is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a written directive is required

OR

Board Certification:

I attest that _____

Name of Proposed Authorized User

- has satisfactorily completed the board certification requirements of 35.396(d),
 - has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (e)(1) and the supervised work and clinical case experience required by 35.396(e)(2), and
 - is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for
- Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a written directive is required

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Fifth Section

Complete one of the following for the attestation and signature:

Authorized User

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
 35.390 35.392 35.394 35.396 35.57 for 35.300 uses

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of any radionuclide that is primarily used for its beta radiation characteristics, alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a written directive is required

OR

Residency Program Director:

I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:

35.390 35.392 35.394 35.396 35.57 for 35.300 uses

I affirm that this faculty member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.

I affirm that the residency training program is approved by the:

Residency Review Committee of the Accreditation Council for Graduate Medical Education

Royal College of Physicians and Surgeons of Canada

Committee on Post-Graduate Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:

35.390(b)(1) 35.392(c)(1) and (2) 35.394(b)(1) and (2) 35.396(b)(1) and (2)

Name of Facility:

License/Permit Number:

Name of Preceptor or Residency Program Director (Typed or Printed)

Telephone Number

Date

Signature



AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690]

| | |
|----------------------------------|-----------------------------------|
| Name of Proposed Authorized User | State or Territory Where Licensed |
|----------------------------------|-----------------------------------|

Requested Authorization(s) (check all that apply)

| | |
|--|---|
| <input type="checkbox"/> 35.400 Manual brachytherapy sources | <input type="checkbox"/> 35.600 Teletherapy unit(s) |
| <input type="checkbox"/> 35.400 Ophthalmic use of strontium-90 | <input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s) |
| <input type="checkbox"/> 35.600 Remote afterloader unit(s) | |

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. For 35.690, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. For a board certification issued on or before October 24, 2005, that is listed in 10 CFR 35.57(b)(2)(iii), provide the following:
 - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - (iii) Stop here.

2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above

- a. Go to the table in section 3.e. to document training for new device.
- b. If board certified stop here. If not board certified, provide completed Part II Preceptor Attestation.

3. Training and Experience for Proposed Authorized User

- a. Classroom and Laboratory Training 35.490 35.491 35.690

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--|----------------------|-------------|--------------------|
| Radiation physics and instrumentation | | | |
| Radiation protection | | | |
| Mathematics pertaining to the use and measurement of radioactivity | | | |
| Radiation biology | | | |

Total Hours of Training:

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

| Supervised Work Experience | | Total Hours of Experience: <input type="text"/> | |
|--|--|---|-------------------------|
| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Checking survey meters for proper operation | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Preparing, implanting, and safely removing brachytherapy sources | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Maintaining running inventories of material on hand | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using administrative controls to prevent a medical event involving the use of byproduct material | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using emergency procedures to control byproduct material | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Clinical experience in radiation oncology as part of an approved formal training program | Location of Experience/License or Permit Number of Facility | Dates of Experience* |
|--|--|-------------------------|
| Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association | | |
| Supervising Individual | License/Permit Number listing supervising individual as an Authorized User | |

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

| Description of Experience | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|---|--|-------------|----------------------|
| Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history | | | |
| Supervising Individual | License/Permit Number listing supervising individual as an Authorized User | | |

d. Supervised Work and Clinical Experience for 10 CFR 35.690

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

| Supervised Work Experience | | Total Hours of Experience: <input style="width: 50px;" type="text"/> | |
|--|---|--|----------------------|
| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
| Reviewing full calibration measurements and periodic spot-checks | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Preparing treatment plans and calculating treatment doses and times | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using administrative controls to prevent a medical event involving the use of byproduct material | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Checking and using survey meters | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Selecting the proper dose and how it is to be administered | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

| | | |
|--|---|--|
| Clinical experience in radiation oncology as part of an approved formal training program | Location of Experience/License or Permit Number of Facility | Dates of Experience* |
| Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association | | |
| Supervising Individual | | License/Permit Number listing supervising individual as an Authorized User |

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

| Description of Training | Training Provider and Dates | | |
|--|-----------------------------|--|---------------------------------|
| | Remote Afterloader | Teletherapy | Gamma Stereotactic Radiosurgery |
| Device operation | | | |
| Safety procedures for the device use | | | |
| Clinical use of the device | | | |
| Supervising Individual. (If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.) | | License/Permit Number listing supervising individual as an Authorized User | |

Authorized for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

Third Section

For 35.690: (continued)

I attest that _____ has received training required in 35.690(c) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

AND

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

(for uses defined under 35.400 and 35.600)

[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

Fourth Section

I attest that _____ is able to independently fulfill the radiation safety-

Name of Proposed Authorized User

related duties as an authorized user for:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete one of the following for attestation and signature:

Authorized User:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

- | | |
|--|---|
| <input type="checkbox"/> 35.400 Manual brachytherapy sources | <input type="checkbox"/> 35.600 Teletherapy unit(s) |
| <input type="checkbox"/> 35.400 Ophthalmic use of strontium-90 | <input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s) |
| <input type="checkbox"/> 35.600 Remote afterloader unit(s) | <input type="checkbox"/> 35.57 for 35.400 uses |
| | <input type="checkbox"/> 35.57 for 35.600 uses |

OR

Residency Program Director (for 35.490 and/or 35.690 only):

I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

- | | |
|---|--|
| <input type="checkbox"/> 35.400 Manual brachytherapy sources | <input type="checkbox"/> 35.57 for 35.400 uses |
| <input type="checkbox"/> 35.600 Teletherapy unit(s) | <input type="checkbox"/> 35.57 for teletherapy unit(s) |
| <input type="checkbox"/> 35.600 Remote afterloader unit(s) | <input type="checkbox"/> 35.57 for remote afterloader unit(s) |
| <input type="checkbox"/> 35.600 gamma stereotactic radiosurgery unit(s) | <input type="checkbox"/> 35.57 gamma stereotactic radiosurgery unit(s) |

I affirm that this faculty member concurs with the attestation I am providing as program director.

I affirm that the residency training program is approved by the:

- Residency Review Committee of the Accreditation Council for Graduate Medical Education
- Royal College of Physicians and Surgeons of Canada
- Committee on Postdoctoral Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:

- 35.490(b)(1) and (2) 35.690(b)(1) and (2) 35.690(c) for uses checked above

| | | | |
|--|------------------|------|--|
| Name of Facility: | | | |
| License/Permit Number: | | | |
| Name of Preceptor or Residency Program Director (Typed or printed) | Telephone Number | Date | |
| Signature | | | |