NRC FORM 313A (RSO)

U. S. NUCLEAR REGULATORY COMMISSION

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)

	[10 01 10 00:01, 00:00]	1	
Name of Individual	RSO	ARS	0
	a Ja	4	
Requested Authorization(s) TI	ne license authorizes the following	medical uses (ch	eck all that apply):
35.100 35.200	35.300 35.400	35.500	35.600 (remote afterloader)
35.600 (teletherapy)	35.600 (gamma stereotac	tic radiosurgery)	35.1000 ()
	PART I TRAINING A (Select one of the five		
application or the individual m	iust have obtained related continu	ing education and	within the 7 years preceding the date of experience since the required training nuing education and experience related
1. Board Certification			
a. Provide a copy of the	board certification.		
b. If the board certification 10 CFR 35.50;	on process has been recognized b	y the Commission	or an Agreement State under
(i) Go to the table in 5 authorization is so	c and describe training provider anught.	nd dates of trainin	g for each type of use for which
(ii) Stop here			
c. If the board certification 10 CFR 35.51(a);	n process has been recognized by	y the Commission	or an Agreement State under
(i) Provide documenta uses in the boxes of		lual has experienc	ce using the requested materials and
(ii) Go to the table in authorization is so	oc and describe training provider a ught.	nd dates of training	ng for each type of use for which
(iii) Stop here			
d. If the board certification	on was issued on or before Octobe	er 24, 2005 and is	listed in 10 CFR 35.57 (a)(2);
(i) Provide documenta on or before Octobe	ation demonstrating that the individer 24, 2005;	lual was using the	requested materials and uses
(ii) Stop here	OI	R	
	ety Officer (RSO) or Associate R RSO or ARSO for the Additiona		Officer (ARSO) Seeking Authorization Checked Above
	on 5.c. to describe training in radia		
procedures for the add	ditional types of medical use for whether	hich recognition as	s RSO or ARSO is sought.
b. If board certified stop	here. If not board certified, provide Ol		II Preceptor Attestation.
3. Authorized User, Auth license or permit iden	norized Medical Physicist, or Au tified in 10 CFR 35.50 (c)(2)	thorized Nuclear	Pharmacist identified on a
a. Provide the NRC licer	se number, or a copy of the licens	se or permit identif	fying the individual as as authorized user.
	on 5.c. to describe training in radiates of medical use on the license.	tion safety, regula	tory issues, and emergency
c. If board certified stop	here. If not board certified, provide		II Preceptor Attestation.
	O	R	

NRC FORM 313A (RSO)

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

Radiation physics and instrumentation

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		-	
3	Total Hours of Training:		

(MM-YYYY)

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 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 adioactive contamination and using proper lecontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+		

list of devices).

35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide

RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER

TRAINING	, EXPERIENCE	AND P	RECEPTOR	ATTEST	ATION [10	CFR	35.57	35.50]	(continued
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5. Structured Educational Program for Propos	sed RSO or ARSO (continued)	o.ooj (continucu)
b. Supervised Radiation Safety Experience (con		ide multiple
Supervising Individual	License/Permit Number listing supervising in Radiation Safety Officer or Associate Radiat	idividual as a ion Safety Officer
The supervising individual is authorized as the for the following medical uses:	Radiation Safety Officer or the Associate Radiation Safety Officer	
35.100 35.200 35.300 35.500 (remote afterloader)	35.400 (teletherapy)	
35.600 (gamma stereotactic radiosurgery)	35.1000 ()
c. Describe training in radiation safety, regulatory on the license.	issues, and emergency procedures for all types of	medical use
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 Edu	cational Program for Proposed RSC	or ARSO (continued)			
C.	Training in radiat license (continue		ergency procedures for all types of medical use on the			
R. in	SO, ARSO, AU, AMP, o	IAI If training was provided by supervising or ANP. (If more than one supervising o document supervised training, provide ige.)	License/Permit Number listing supervising individual			
Li	cense/Permit lists	s supervising individual as:				
	Authorized	d User Authorized Nuc				
		RSO, ARSO, AU, ANP, or AMP for th				
	35.100	35.200 35.300	35.400			
	35.500	35.600 (remote afterloader)	35.600 (teletherapy)			
	35.600 (ga	amma stereotactic radiosurgery)				
d.	Skip to and comp	plete Part II Preceptor Attestation.				
		PART II – PRECEP	TOR ATTESTATION			
Note			eptor. The preceptor does not have to be the supervising or verifies training and experience required. If more than			
	one preceptor	is necessary to document experience	, obtain a separate preceptor statement from each.			
Firs	t Section		*			
	Structured Edu	cational Program for Proposed RS0	O or ARSO			
	I attest that		has satisfactorily completed			
		Name of Proposed RSO/ARSO				
	a structural of full-time ra	educational program consisting of botl adiation safety experience as required	n 200 hours of classroom and laboratory training and one year by 10 CFR 35.50(b)(1).			
0			AND			
Sec	ond 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		ual to 33 millicuries of sodium iodide I-131, for			
	35.300	oral administration of greater than 33	millicuries of sodium iodide I-131			
	35.300	parental administration of any radionuradiation characteristics, alpha radiatithan 150 keV for which a written direct	uclide that is primarily used for its beta on characteristics, or its photon energy, less ctive is required			

RADIATION SAFETY OFFICER OR

TRAINI	ASSOCIATE RADIATION SAFETY NG, EXPERIENCE AND PRECEPTOR ATTESTATION		(continued)
	PART II – PRECEPTOR ATTESTATION	I (continued)	
	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:		
	*		
¥			
Third Section	AND		
I attest that			
	Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer		***************************************
is able to ir	dependently fulfill the radiation safety-related duties as:		e
	A Radiation Safety Officer for a medical use license	ee.	
	OR		
	An Associate Radiation Safety Officer for a medica	I use licensee.	
	ng for Preceptor Attestation and signature		
r am tn	e Radiation Safety Officer for	adiation Safety Officer for	
Name of Facility:			
License/Permit Numbe	r:		
Name of Preceptor (Type	d or printed)	Telephone Number	Date
Signature			

ACD STATES.	-	′)			APPROVED BY OMB: NO. 3150-012 EXPIRES: (MM/DD/YYYY)
	Total Control of the	R REQUIATION OF THE PROPERTY O		YSICIST AND OPHTHALM E AND PRECEPTOR ATT I, 35.57(a)(3), and 35.433	ESTATION
Nam	ne d	of Individual		Authorized Medical Ph	•
	Aut	Requested thorization(s) k all that apply)	35.400 Ophthalmic use of stront 35.600 Remote afterloader unit(apy unit(s) stereotactic radiosurgery unit(s)
da red	quir quir d e Al 1.	of application or the incred training and expendence related to sufficient of the su		ated continuing education and	d experience since the
	b.	10 CFR 35.51: (i) Go to the table which authorized (ii) Stop here. If the board certification (i) Documentation October 24, 20	ion process has been recognized in 3.c. and describe training protection is sought. ion was issued on or before Octors that the individual performed earlos. in, and description of continuing earloss.	vider and dates of training for ober 24, 2005 and is listed in ach use checked above on or	each type of use for 10 CFR 35.57(a)(3), attach: before
	a. b. c.	Current Authorized Go to the table in self not board certified If board certified, sto Education, Training Education: Docume	Medical Physicist Seeking Ad ction 3.c. to document training fo skip to and complete Part II Precip here. J. and Experience for Proposed in the master's or doctor's degree in ed mathematics from an accredit	or new device. ceptor Attestation. d Authorized Medical Physics, other	cist
	De	egree		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

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 who meets the requirements for an Authorized supervision of Medical Physicist.

NRC FORM 313A (AMP) (MM-YYYY)

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		2	
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 s authorized Medical Physicist	supervising indi	vidual as an
for the following types of use:			
for the following types of use:	Tolothorony unit(a)		
Remote afterloader unit(s)			osurgery unit(s)
 Training and work experience must be or electrons with energies greater than or e 	onducted in clinical radiation facilities that provide high-energy qual to 1 million electron volts) and brachytherapy services.	external beam th	nerapy (photons and
* 1 year of Full-time medical physics training	ng and 1 year of full time work experience cannot be concurred	nt.	
** If the supervising medical physicist is not physicist meets the training and experier authorization.	t an authorized medical physicist, the licensee must submit evince requirements in 10 CFR 35.51 and 35.59 for the types of u	dence that the su se for which the i	upervising medical ndividual is seeking

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

Description of Training	Training Provider and Dates			
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery	
lands-on device peration				
Safety procedures or the device use				
Clinical use of the levice				
reatment planning ystem operation				
Supervising Individual training is provided by Supervising Medividual is necessary to document supits page.)	edical Physicist. (If more than one supervising pervised training, provide multiple copies of	License/Permit Number listing su Medical Physicist	pervising individual as an authorized	
or the following types o		oy unit(s) Gamma	stereotactic radiosurgery unit(s)	
Authorization Sough	nt Device	Training Provided E	By Dates of Training	
5.400 Ophthalmic Use of strontium-90				

(MM-YYYY)

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

	R 35.51, 35.57(a)(3), and 35.433] (continued)	
Education, Training, and Experien	ce for Proposed Ophthalmic Physicist	
a. Complete the table below to docur	ment education;	
Degree	Major Field	
College or University		
b. Supervised Full-Time practical tra	ining and experience in medical physics	
Yes. Completed 1 year of full-ti	ime training in medical physics under the supervision of	
	medical physicist at	
	AND	_
Yes. Completed 1 year of full-ti	me work experience in medical physics at	
under the supervision of	medical physicis	;t.
If more than one supervising individua	al is necessary to document supervised training, provide multiple	9
copies of this page. c. Complete the table below to docun	ment 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	
Stop here		

AUTHORIZED MEDICAL PHYSICIST AND OPHTHALMIC,

	Т	RAINING, EXPERIENCE A [10 CFR 35.51, 35.57(a				
		PART II – PRE	CEPTOR AT	TESTATION	1	
Note:	individual as long	completed by the individual's as the preceptor provides, direcessary to document experie	ects, or verifi	es training a	nd experience require	d. If more than
	Section lete the following:					
	I attest that	N		satisfactorily	completed the 1-year	of full-time
	training in med 35.51(b)(1).	Name of Proposed Authorized Medical F dical physics and an additional		ime work ex	perience as required b	by 10 CFR
			AND			
The same transfer	d Section lete the following:					
	I attest that	Name of Proposed Authorized Medical F		raining for th	ne types of use for which	ch authorization
	is sought that treatment plar	include hands-on device opera nning system.	ation, safety	procedures,	clinical use, and the o	peration of a
			AND			
	Section lete the following:		2			
	I attest that		is abl	e to indepen	dently fulfill the radiati	on safety-related
	duties as an A	Name of Proposed Authorized Medical Phacuthorized Medical Physicist fo		g:		
	35.400 Op	ohthalmic use of strontium-90	35.600	Teletherapy	unit(s)	
	35.600 Re	emote afterloader unit(s)	35.600	Gamma ste	reotactic radiosurgery un	nit(s)
			AND			
THE THE INCOME.	n Section lete the following	for preceptor attestation and	d signature:			
		uirements in 10 CFR 35.51, 38 edical physicist for the following		valent Agree	ment State requireme	nts for
		ohthalmic use of strontium-90 emote afterloader unit(s)	35.600	Teletherapy	unit(s) reotactic radiosurgery un	uit(s)
Name of		and an analysis and an analysi		License/Pern		
Traine of					The real field of the second o	
Name of	Preceptor (Typed or I	Printed)			Telephone Number	Date
Signature	9					



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 nstrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
8 W W W W W W W W W W W W W W W W W W W		I men a	

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 alphaor 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:	Lancaco Car	L
Supervising Individual			

c. Go to and complete Part II Preceptor Attestation.

AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE

	-	AN	D PRECEPTOR ATTE			E	
		P	PART II – PRECEPTOR	R ATTESTATION	N .		
Note:	individual as long	g as the precepto	he individual's preceptor or provides, directs, or v cument experience, ob	verifies training a	and experience rec	quired If	more than
First S Check	ection one of the follow	ving:					
	Board Certificat	ion					
	I attest that	Name of Proposed A	uthorized Nuclear Plarmacist	nas satisfactorily	completed the red	quiremen	ts in
	10 CFR 35.55 independently	5(a)(1), (a)(2), ar y as an authorize	nd (a)(3) and has achie ed nuclear pharmacist.	ved a level of co	mpetency sufficier	nt to func	tion
			OR				
	Structured Educ	ational Program	<u>n</u>				
	I attest that		a t	nas satisfactorily	completed a 700-	hour stru	ctured
		Name of Proposed Au	uthorized Nuclear Pharmacist				
	experience in	nuclear pharma	g of both 200 hours of cy, as required by 10 C ion independently as a	FR 35.55(b)(1) a	and has achieved	and prac	etical
	d Section ete the following	for preceptor at	ttestation and signatu	ıre:			
	I am an Authorize	ed Nuclear Pharn	nacist for				
				Nuclear Pharmacy or	Medical Facility		,
	License/Permit	Number					
Name of	Preceptor	S	ignature		Telephone Number	Da	ate
¥	H						

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



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]

ne of Proposed Authorized User		State or Territory Where License	ed	
quested Authorization(s) (check all that	apply)			
35.100 Uptake, dilution, and excretion	studies 3	5.200 Imaging and localization	studies	
Generator elution for 35.300 AU				
35.500 Sealed sources for diagnosis (s	specify device)			
		G AND EXPERIENCE		····
		three methods below)		
raining and Experience, including boar application or the individual must have cound experience was completed. Provide alated to the uses checked above.	btained related of	continuing education and exper	ience since th	e required training
1. Board Certification				
a. Provide a copy of the board certific	ation.			
b. For a board certification issued on the following:	or before Octobe	r 24, 2005 that is listed in 10 C	FR 35.57(b)(2	2)(i), provide
(i) Documentation that the indiv	idual performed e	each use checked above on or	before Octobe	er 24, 2005.
(ii) Dates, duration, and descript each use checked above.(iii) Stop here.	ion of continuing	education and experience with	in the past se	ven years for
2. Current 35.390 Authorized User	Seeking Additio	nal 35.290(c)(1)(ii)(6) Authori	zation	
a. Authorized user on Materials Lice	nse	meeting 10 CFR 35.0	390, 10 CFR 3	5.57 for 35.300
uses, or equivalent Agreement Sta	ate requirements	seeking authorization for 35.29	90.	
b. Supervised Work Experience. (If more than one supervising indicopies of this section.)	vidual is necessa	ry to document supervised wo	rk experience,	provide multiple
Description of Experience		of Experience/License or it 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 Hour	s of Experience:		
Supervising Individual		License/Permit Number listing authorized user	supervising ind	ividual as an
Supervisor meets the requirements b 35.290 35.390 + get			ents <i>(check all</i> 35.57 for 35.2	

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500)

3. Training and Experience for Propo	esed 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 (not required for 35.590)			
Radiation biology			
	Total Hours of Training:		
Supervised Work Experience (comp (If more than one supervising individ provide multiple copies of this sectio	letion of this table is not required for 35.590 fual is necessary to document supervised v n.)	0). work experience,	
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		Yes No	a a
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes No	

U. S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500)

Supervised Work Experience. (c	continued)			
Description of Experience Must Include:		xperience/License or umber of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research bubject dosages	h		Yes No	
Using administrative controls to revent a medical event involving the se of unsealed byproduct material			Yes No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	1		Yes No	
Administering dosages of radioactive Irugs to patients or human research Subjects			Yes No	
Eluting generator systems appropriate the preparation of radioactive rugs for imaging and localization tudies, measuring and testing the luate for radionuclidic purity, and rocessing the eluate with reagent its to prepare labeled radioactive rugs	ate		☐ Yes☐ No	
supervising Individual		ense/Permit Number listing thorized user or an authorized user or		
Supervisor meets the requirements 35.190 35.290 35. 35.55 35.57 for 35.200 For 35.590 only, provide documents	390 35.390 + gene	erator experience in 35.		
Device	Type of Training		Location and Da	ntes

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

		•	defined under 35.10 57, 35.190, 35.290, a			
		PAR	T II – PRECEPTOR ATT	ESTATION		
Note:	individual as long as one preceptor is neo required to meet tra	s the preceptor processary to docum ining requirement		s training and separate pre	d experience required eceptor statement fron	. If more than n each. (Not
		ces below, the pre	eceptor is not attesting to	the individua	al's "general clinical co	ompetency."
First S		- f cach uso ro	4a.d.			
For 35.	one of the following	J 101 Each use to	questeu.			
	attest that		has satisfactor	ily completed	I the 60 hours of traini	ng and
'		e of Proposed Authorized		lly completed	The 60 nours or traini	ng and
a	experience, including	a minimum of 8 h	nours of classroom and la adiation safety-related du			
For 35	.290					
	attest that		has satisfactori	ilv completed	I the 700 hours of train	nina
		of Proposed Authorized		100		9
(ndependently fulfi	of 80 hours of classroom ill the radiation safety-rela o.			
-	nd Section					
Comp	lete one of the follo	wing for attestat	ion and signature:			
	Authorized User:					
		Y-22-1-2-1	valent Agreement State r			
L	35.190 35.29		35.390 + generator	r experience	35.57 for 35.20	0 uses
□ <u>F</u>	Residency Program D	OR Director:				
☐ I	affirm that the attesta	ation represents ti	he consensus of the residuho meets the requirement	dency progra nts below or	am faculty where at lea equivalent Agreemen	ast one t State
	35.190 35.29	90 35.390	35.390 + generato	r experience	35.57 for 35.20	0 uses
la			with the attestation I am			
la	affirm that the residen	cy training progra	im is approved by the:			e e
			Accreditation Council for	r Graduate M	ledical Education	
	Royal College of Ph					
	1		ng of the American Osteo	pathic Assoc	ciation	
☐ I a			m includes training and e			
		35.290(c)(1)	Ŭ.			
Name of F	acility:			License/Permit N	umber:	
Name of P	receptor or Residency Program	m Director (Typed or Prin	nted)		Telephone Number	Date

Signature

AND STATE OF THE S

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35, 300)

(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				User	All All	State or Territory	Where Licensed	-
Re	que	sted Aut	horization(s)	(check all that	t apply):			
		35.300	Use of unse	aled byproduc	ct material for which	ch a written direc	ctive is required	
(OR							
		35.300		stration of sod cquerels (33 r		equiring a writter	n directive in quantities less than or equal to	
		35.300		stration of sod rels (33 millicu		equiring a writter	n directive in quantities greater than 1.22	
	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							
	8					NING AND EXPE		
*	da tra	te of app ining and	olication or the d experience	e individual m	ust have related c ed. Provide dates	ontinuing educat	obtained within the 7 years preceding the tion and experience since the required escription of continuing education and	
	1.	Board (<u>Certification</u>					
	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.	supervi	sed clinical c	ase experienc	n on classroom ar e. The tables in s Part II Preceptor	sections 3.a., 3.b.	ning, supervised work experience, and a., and 3.c. may be used to document this	
	d.	For a b following	oard certificat g:	tion issued on	or before Octobe	r 24, 2005 that is	s listed in 10 CFR 35.57(b)(2)(ii), provide the	
		(i) Do	ocumentation	that the indivi	idual performed ea	ach use checked	above on or before October 24, 2005.	
		(ii) Da	ates, duration ch use check	, and descript ked above.	ion of continuing e	education and ex	sperience within the past seven years for	
	e.	Stop he	ere.					
	2.	Current	35.300, 35.4	100, or 35.600	Authorized Use	r Seeking Addit	tional Authorization	
	a.	Authoriz	ed User on N	Materials Licer	nse		under the requirements below or	
		equival	ent Agreeme	nt State requi	rements (check al	that apply):		
		35.3	390	35.392	35.394	35.490	35.690	
		supervis	ed case expe	erience. The t	able in section 3.c	c. may be used to	ide documentation on additional required o document this experience. If board ecceptor Attestation.	
		classroo tables in	m and labora	tory training, s ., 3.b., and 3.c	supervised work e	xperience, and s	zation for 35.396, provide documentation on supervised clinical case experience. The xperience. Also provide completed Part II	

			2, 55.554, am	d 35.396] (continue
3. Training and Experience for	Proposed Authorized	d User		
a. Classroom and Laboratory Tra	aining 35.390	35.392	35.394	35.396
Description of Training	Locatio	n of Training		lock Dates of ours 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				
The second secon	Total Hours of Traini	ng:		
Supervised Wor	k Experience			
		Total Hours	of Experience:	
Description of Experience Must Include:	Location of Exp	Total Hours perience/License or mber of Facility		nfirm Dates of Experience
	Location of Exp	perience/License or	Cor	Dates of
Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the	Location of Exp	perience/License or	Cor	offirm Dates of Experience
Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of	Location of Exp	perience/License or	Cor	Dates of Experience
Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters Calculating, measuring, and safely preparing patient or numan research subject	Location of Exp	perience/License or	Cor	Dates of Experience (es No / es No / es No / es

(MM-YYYY)

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)							
	d Work Experience		,				
Supervising In	dividual		License/Permit Number listing supervising individual as an authorized user				
Supervising i (check all tha	ndividual meets the at apply)**:	requirements below,	or equivalent Agreement State requirements				
35.390	With experience	administering dosage	es of:				
35.392	Oral Nal-131	requiring a written dir	rective in quantities less than or equal to 1.22				
35.394	Grantal Total quantities greater than 1.22 gigabecquerers (55 millicuries)						
35.396 35.57	Parenteral administration of any radionuclide that is primarily used for its beta radiation						
* Supervising / individual rec	Authorized User must ha	ave experience in administe status.	ering dosages in the same dosage category or categories	as the			
	d Clinical Case Exp		ment supervised work experience, provide multiple	copies of			
Description of Experience Number of Cases Involving Personal Participation		Involving Personal	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 lodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)				,			
iny radionucl orimarily used adiation char adiation char	d for its beta racteristics, alpha racteristics, or y of less than 150 n a written						

(MM VVVV)

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)

(for uses defined under 35.300) [10 CF	R 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)					
3. Training and Experience for Proposed Authori	ized 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 en	equivalent Agreement State requirements (check all that apply)**:					
□ 35.390 With experience administering dosage □ Oral Nal-131 requiring a written dia gigabecquerels (33 millicuries)	es of: irective in quantities less than or equal to 1.22					
35.394 Oral Nal-131 in quantities greater	than 1.22 gigabecquerels (33 millicuries)					
characteristics, alpha radiation cha	characteristics, alpha radiation characteristics, or for its photon energy of less than 150					
** 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 – PRE	ECEPTOR ATTESTATION					
individual as long as the preceptor provides, din one preceptor is necessary to document experi	s preceptor. The preceptor does not have to be the supervising rects, or verifies training and experience required. If more than ience, 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 author For 35.390:	rization:					
	has actions at air a complete of the 700 hours of turing a					
I attest that Name of Proposed Authorized User	has satisfactorily completed the 700 hours of training					
and experience, including a minimum of 200 hour 10 CFR 35.390 (b)(1).	rs of classroom and laboratory training, as required by					
For 35.392:						
I attest that Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom					
and laboratory training, as required by 10 CFR experience required in 35.392(c)(2).	R 35.392(c)(1), and the supervised work and clinical case					
For 35.394:						
I attest that Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom					
and laboratory training, as required by 10 CFR experience required in 35.394(c)(2).	R 35.394 (c)(1), and the supervised work and clinical case					

NRC FORM 313A (AUT)	U. S. NUCLEAR REGULATORY COMMISSION
(MM-YYYY) AUTHOF	RIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defin	ed 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
raticst that	Name of Proposed Authorized User
experience required	d in 35.390(b)(1)(ii)G listed below:
Oral Nal-131 red gigabecquerels	quiring a written directive in quantities less than or equal to 1.22 (33 millicuries)
Oral Nal-131 in	quantities greater than 1.22 gigabecquerels (33 millicuries)
	nistration of any radionuclide that is primarily used for its beta radiation alpha radiation characteristics, or for its photon energy less than 150 keV, for which a is required
Third Section	
☐ I attest that	is able to independently fulfill the radiation safety-related
rattest that	Name of Proposed Authorized User
duties as an author	ized user for the medical uses authorized under 10 CFR 35.300 for:
gigabecquerels	quiring a written directive in quantities less than or equal to 1.22 (33 millicuries)
☐ Oral Nal-131 in	quantities greater than 1.22 gigabecquerels (33 millicuries)
	inistration of any radionuclide that is primarily used for its beta radiation alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a is required
Fourth Section	
For 35.396:	
	5.690 authorized user:
	5.050 authorized user.
I attest that	
	Name of Proposed Authorized User
is an authorized us	er under 10 CFR 35.490 or 35.690 or equivalent Agreement State requirements,
	ompleted the 80 hours of classroom and laboratory training, as required by (1), and the supervised work and clinical case experience required by 35.396(e)(2), and
10 CFR 35.300 for	lently fulfill the radiation safety-related duties as an authorized user under parenteral administration of any radionuclide that is primarily used for its beta radiation ha radiation characteristics, or for its photon energy of less than 150 keV, for which a required OR
Board Certification	<u>ı:</u>
I attest that	
	Name of Proposed Authorized User
 has satisfactorily continuous 	ompleted the board certification requirements of 35.396(d),
	ompleted the 80 hours of classroom and laboratory training required by (1) and the supervised work and clinical case experience required by 35.396(e)(2), and
	lently fulfill the radiation safety-related duties as an authorized user under
	inistration of any radionuclide that is primarily used for its beta radiation alpha radiation characteristics, or for its photon energy of less than 150 keV, for which a is required

NRC FORM 313A (AUT) U. S. NUCLEAR REGULATORY COMMISSION
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 Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
Oral Nal-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 facility 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 I	Jser	Sta	ate or Territory Wh	ere Licensed	
П	35.400 Manual brachyt	herapy sou	rces 35.600	Teletherapy unit(s)
Requested — Authorization(s)	35.400 Ophthalmic use			. , ,	ctic radiosurgery unit(s)
(check all that apply)	35.600 Remote afterloa				one realized gery arm(e)
			ND EXPERIEN	CF	
			e methods bel		
*Training and Experience, in of application or the individ training and experience wa experience related to the u	ual must have obtained is completed. Provide d	related cor	ntinuing education	n and experience	since the required
1. Board Certification	<u>,</u>				
a. Provide a copy of th	ne board certification.				
 b. For 35.690, go to the which authorization 	e table in 3.e. and desc is sought.	ribe trainin	g provider and d	ates of training for	each type of use for
 For a board certification provide the following 	ation issued on or before g:	October 2	4, 2005, that is I	isted in 10 CFR 35	.57(b)(2)(iii),
(i) Documentation	that the individual perfe	ormed eacl	n use checked a	pove 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 Auth	orized User Requestin	g Additio	nal Authorizatio	n for 35.600 Use(s) Checked Above
	ection 3.e. to document	_			
b. If board certified sto	p here. If not board cer	tified, prov	ide completed P	art II Preceptor Atte	estation.
	rience for Proposed A	uthorized	Jser		
a. Classroom and Lab	oratory Training 35	5.490	35.491	35.690	
Description of Tra	ining	Location	of Training	Clo Hou	
Radiation physics and instrumentation					
Radiation protection					
Mathematics pertaining use and measurement radioactivity					
Radiation biology					
	Tota	Il 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:		İ
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		☐ Yes	
Checking survey meters for proper operation		☐ Yes	
Preparing, implanting, and safely removing brachytherapy sources		☐ Yes	
Maintaining running inventories of material on hand		Yes No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes	
Using emergency procedures to control byproduct material		Yes 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:			
Residency Review Committee for Radiation Oncology of the ACGME			-
Royal College of Physicians and Surgeons of Canada		x	
Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listing Authorized User	supervising indiv	∕idual as an

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600)

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 Author	ng supervising ind	ividual as an	
d Supervised Work and Clinical Firm	riones for 10 OFB 25 000			
 d. Supervised Work and Clinical Expe Remote afterloader unit(s) 	rience for 10 CFR 35.690 Teletherapy unit(stereotactic red	ioeurgon, unit/s
	relettierapy unit(stereotactic rad	losurgery unit(s
Supervised Work Experience		Total Hours of E	xperience:	
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			Yes No	
Preparing treatment plans and calculating treatment doses and times			☐ Yes	
Using administrative controls to prevent a medical event involving the use of byproduct material			☐ Yes	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			☐ Yes	
Checking and using survey meters			Yes No	
Selecting the proper dose and now it is to be administered			Yes	

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 3	5.690 (continued)		
Clinical experience oncology as part of formal training progr	an approved				Dates of Experience*
Approved by: Residency Revi Committee for F Oncology of the Royal College of and Surgeons of Committee on F Training of the A Osteopathic Ass	Radiation ACGME of Physicians of Canada Postdoctoral American				
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User				sing individual as an
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 boxe the position sought a	es below, the preceptor is attesting that the individual has knowledge to fulfill the duties of 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
clinical experience in independently fulfill t	ratory training, 500 hours of supervised work experience, and 3 years of supervised in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and is able to the radiation safety-related duties as an authorized user of manual brachytherapy ical 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
has used strontium-9	atory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, 90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and is y fulfill the radiation safety-related duties as an authorized user of strontium-90 for
Second Section	
For 35.690:	
I attest that	has satisfactorily completed 200 hours of classroom
	Name of Proposed Authorized User
and laboratory train experience in radia	ning, 500 hours of supervised work experience, and 3 years of supervised clinical tion 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
rattest that	Name of Proposed Authorized User
operation, safety pr checked below.	rocedures, and clinical use for the type(s) of use for which authorization is sought, as
Remote afterloa	ader unit(s)
	AND

NRC FORM 313A (AUS)	U. S. NUCLEAR REGULATORY COMMISSION
(for uses defi	EXPERIENCE AND PRECEPTOR ATTESTATION ined under 35.400 and 35.600)
	490, 35.491, and 35.690] (continued)
Fourth Section	
☐ I attest that	is able to independently fulfill the radiation safety-
Name of Proposed Authorized Use	or .
related duties as an authorized user for:	
Remote afterloader unit(s) Telether	rapy unit(s)
Fifth Section Complete one of the following for attestation and s	signatura
Authorized User:	ignature.
	35.491, 35.690, or equivalent Agreement State requirements, as
35.400 Manual brachytherapy sources	35.600 Teletherapy unit(s)
35.400 Ophthalmic use of strontium-90	35.600 Gamma stereotactic radiosurgery unit(s)
35.600 Remote afterloader unit(s)	35.57 for 35.400 uses
	35.57 for 35.600 uses
,	OR
Residency Program Director (for 35.490 and/o	or 35.690 only):
I affirm that the attestation represents the confaculty member is an authorized user who me requirements for:	nsensus of the residency program faculty where at least one eets the requirements below or equivalent Agreement State
35.400 Manual brachytherapy sources	35.57 for 35.400 uses
35.600 Teletherapy unit(s)	35.57 for teletherapy unit(s)
35.600 Remote afterloader unit(s)	35.57 for remote afterloader unit(s)
35.600 gamma stereotactic radiosurgery u	unit(s) 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 Acc	creditation Council for Graduate Medical Education
Royal College of Physicians and Surgeor	ns of Canada
Committee on Postdoctoral Training of the	ne American Osteopathic Association
I affirm that the residency training program in	
35.490(b)(1) and (2) 35.690(b)(1)	
Name of Facility:	, , , , , , , , , , , , , , , , , , ,
License/Permit Number:	
Name of Preceptor or Residency Program Director (Typed or	printed) Telephone Number Date
0:	
Signature	