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

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)

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 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.)+		

\+ 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 ☐ Radiation Safety Officer or the ☐ Associate Radiation Safety Officer 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 (_____)

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 *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.)*	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:

Third Section

AND

☐ 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

NRC FORM 313A (AMP) (MM-YYYY)	U. S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: (MM/DD/YYYY)

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 *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.)*		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)

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		

NRC FORM 313A (ANP)
(05-2016)

U.S. NUCLEAR REGULATORY COMMISSION

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 Plarmacist

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

NRC FORM 313A (AUD) (MM-YYYY)	U. S. NUCLEAR REGULATORY COMMISSION	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]

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 *(not required for 35.590)*			
Radiation biology			
Total Hours of Training: ☐			

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ 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		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Administering dosages of radioactive drugs to patients or human research subjects		☐ Yes ☐ 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		☐ Yes ☐ 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 *(check one)*.

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

☐ 35.55 ☐ 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		

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

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]

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:			

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ 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)***:*

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396
☐ 35.57

With experience administering dosages of:

☐ 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 150keV, for which a written directive is required

** 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)***:

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396
☐ 35.57

With experience administering dosages of:

☐ 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

** 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom 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 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		

NRC FORM 313A (AUS) (MM-YYYY)	U. S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: (MM/DD/YYYY)

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)

- ☐ 35.400 Manual brachytherapy sources
- ☐ 35.400 Ophthalmic use of strontium-90
- ☐ 35.600 Remote afterloader unit(s)
- ☐ 35.600 Teletherapy 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.

☐ **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:**		
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	
Checking survey meters for proper operation		☐ Yes ☐ No	
Preparing, implanting, and safely removing brachytherapy sources		☐ Yes ☐ No	
Maintaining running inventories of material on hand		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
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 ☐ 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:**

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 ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		☐ Yes ☐ No	
Checking and using survey meters		☐ Yes ☐ No	
Selecting the proper dose and how it is to be administered		☐ Yes ☐ 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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ 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:

☐ 35.400 Manual brachytherapy sources
☐ 35.400 Ophthalmic use of strontium-90
☐ 35.600 Remote afterloader unit(s)
☐ 35.600 Teletherapy unit(s)
☐ 35.600 Gamma stereotactic radiosurgery unit(s)
☐ 35.57 for 35.400 uses
☐ 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:

☐ 35.400 Manual brachytherapy sources
☐ 35.600 Teletherapy unit(s)
☐ 35.600 Remote afterloader unit(s)
☐ 35.600 gamma stereotactic radiosurgery unit(s)
☐ 35.57 for 35.400 uses
☐ 35.57 for teletherapy unit(s)
☐ 35.57 for remote afterloader 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 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