



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

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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 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, provide a copy of the certificate and stop here.
- c. If not board certified and not listed on a medical use license as an RSO before January 14, 2019, skip to and complete Part II Preceptor Attestation.

OR

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

- a. Provide license number.
- 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. Stop here.

OR

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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. 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:

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

b. Supervised Radiation Safety Experience

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

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

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

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

b. Supervised Radiation Safety Experience (continued)

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

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

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed 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): | | |

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

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

| | |
|---|--|
| Supervising Individual <i>If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i> | License/Permit Number listing supervising individual |
| License/Permit lists supervising individual as: | |
| <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Associate Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist | |
| Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses: | |
| <input type="checkbox"/> 35.100 <input type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 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:

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

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PART II – PRECEPTOR ATTESTATION (continued)

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