

## APPENDIX B

### MEDICAL USE TRAINING AND EXPERIENCE

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#### **Documentation of Training and Experience to Identify Individuals on a License as Authorized User, Radiation Safety Officer, Authorized Nuclear Pharmacist, or Authorized Medical Physicist**

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#### **Licensing Guidance for Using Department Form A Series of Forms**

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#### **I. Experienced Authorized Users, Authorized Medical Physicists, Authorized Nuclear Pharmacists, or Radiation Safety Officer**

An applicant or licensee that is adding an experienced authorized user, authorized medical physicist, authorized nuclear pharmacist, or Radiation Safety Officer to its medical use license only needs to provide evidence that the individual is listed on a medical use license issued by the Department, the U.S. Nuclear Regulatory Commission (NRC) or an Agreement State, a permit issued by a NRC master material licensee, a permit issued by a NRC or Agreement State broad scope licensee, or a permit issued by a NRC master material broad scope permittee, provided that the individual is authorized for the same types of use(s) requested in the application under review, and the individual meets the recentness of training criteria described in RH-8319. When adding an experienced authorized nuclear pharmacist to the license, the applicant also may provide evidence that the individual is listed on a Department, a NRC or Agreement State commercial nuclear pharmacy license or identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy authorized to identify authorized nuclear pharmacists. For individuals who have been previously authorized by, but not listed on, the commercial nuclear pharmacy license, medical broad scope license, or master materials license medical broad scope permit, the applicant should submit either verification of previous authorizations granted or evidence of acceptable training and experience.

#### **II. Applications that Include Individuals for New Authorized User, Authorized Medical Physicist, Authorized Nuclear Pharmacist or Radiation Safety Officer Recognition by the Department**

Applicants should submit the appropriate completed form in the Department Form A series to show that the individuals meet the correct training and experience criteria in Section 9. For the applicant's convenience, the Department Form A series is separated into six separate forms. The forms are Department Form A (RSO) for the Radiation

Safety Officer; Department Form A (AMP) for the authorized medical physicist; Department Form A (ANP) for the authorized nuclear pharmacist; Department Form A (AUD) for the authorized user of the medical uses included in RH-8500, RH-8530, and/or RH-8620; Department Form A (AUT) for the authorized user for the medical use included in RH-8550; and Department Form A (AUS) for the authorized user for the medical uses included in RH-8600 and/or RH-8630.

There are two primary training and experience routes to qualify an individual as an authorized user, authorized medical physicist, authorized nuclear pharmacist, or Radiation Safety Officer.

The first is by means of certification by a board recognized by Department and listed on the NRC website. Additional training may need to also be documented for Radiation Safety Officers, authorized medical physicists, and RH-8630 authorized users. The second route is by meeting the structured educational program, supervised work experience, and preceptor attestation requirements.

In some cases there may be additional training and experience routes for recognized authorized users, authorized nuclear pharmacists, authorized medical physicists or Radiation Safety Officers to seek additional authorizations.

### **III. Recentness of Training**

The required training and experience, including board certification, described in Section 9 must be obtained within the 7 years preceding the date of the application, or the individual must document having had related continuing education, retraining, and experience since obtaining the required training and experience. Examples of acceptable continuing education and experience include the following:

1. Successful completion of classroom and laboratory review courses that include radiation safety practices relative to the proposed type of authorized medical use;
2. Practical and laboratory experience with patient procedures using radioactive material for the same use(s) for which the applicant is requesting authorization;
3. Practical and laboratory experience under the supervision of an Authorized User (AU) at the same or another licensed facility that is authorized for the same use(s) for which the applicant is requesting authorization; and
4. For therapy devices, experience with the therapy unit and/or comparable linear accelerator experience and completion of an in-service review of operating and emergency procedures relative to the therapy unit to be used by the applicant.

#### **IV. General Instructions and Guidance for Filling Out Department Form A Series**

If the applicant is proposing an individual for more than one type of authorization, the applicant may need to either submit multiple Department Form A series forms or fill out some sections more than once. For example, an applicant that requests a physician be authorized for RH-8530 and RH-8550 medical uses and as the RSO, needs to provide three completed Department Form A series forms, i.e., Department Form A (RSO), Department Form A (AUD) and Department Form A (AUT).

Also, if the applicant requests a physician be authorized for both high dose rate remote afterloading and gamma stereotactic radiosurgery under RH-8630, only one form, Department Form A (AUS) needs to be completed, but one part (i.e., “Supervised Work and Clinical Experience”) must be filled out twice.

If you need to identify a license and it is an Agreement State license, provide a copy of the license. If you need to identify a NRC Master Materials License permit, provide a copy of the permit. If you need to identify an individual (i.e., supervising individual or preceptor) who is authorized under a broad scope license or broad scope permit of a NRC Master Materials License, provide a copy of the permit issued by the broad scope licensee/permittee. Alternatively, you may provide a statement signed by the Radiation Safety Officer or chairperson of the Radiation Safety Committee similar to the following: “\_\_\_\_\_ (name of supervising individual or preceptor) is authorized under \_\_\_\_\_ (name of licensee/permittee) broad scope license number \_\_\_\_\_ to use \_\_\_\_\_ (materials) during \_\_\_\_\_ (time frame)”.

### **INTRODUCTORY INFORMATION**

#### **Name of individual**

Provide the individual’s complete name so that the Department can distinguish the training and experience received from that received by others with a similar name.

**NOTE:** Do not include personal or private information (e.g., date of birth, social security number, home address, personal phone number) as part of your qualification documentation.

The Department requires physicians, dentists, podiatrists, and pharmacists to be licensed in the State of Arkansas to prescribe drugs in the practice of medicine, practice of dentistry, practice of podiatry, or practice of pharmacy, respectively (see definitions in RH-8100). Submit a copy of the current Arkansas license.

#### **Requested Authorization(s)**

Check all authorizations that apply and fill in the blanks as provided.

## Part I. Training and Experience

There are always multiple pathways provided for each training and experience section. Select the applicable one.

### Item 1. Board Certification

The applicant or licensee may use this pathway if the proposed new authorized individual is certified by a board recognized by Department (The Department recognizes Board certifications recognized by the NRC. To confirm that Department recognizes specific Board certifications, see the NRC web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>).

<p><b>NOTE:</b> An individual that is board eligible will not be considered for this pathway until the individual is actually board certified. Further, individuals holding other board certifications will also not be considered for this pathway.</p>
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The applicant or licensee will need to provide a copy of the board certification and other training, experience, or clinical casework as indicated on the specific form of the Department Form A series.

All applicants under this pathway (except for RH-8620 uses) must submit a completed Part II Preceptor Attestation.

### Item 2. Current Authorized Individuals Seeking Additional Authorizations

Provide the information requested for training, experience, or clinical casework as indicated on the specific form of the Department Form A series. (**Note:** This section does not include individuals who are authorized only on foreign licenses.)

All applicants under this pathway must submit a completed Part II Preceptor Attestation.

### Item 3. Training and Experience for Proposed New Authorized Individuals

This pathway is used for those individuals not listed on the license as an authorized individual, who cannot meet requirements for the board certification pathway.

The proposed authorized individual is not required to receive the classroom and laboratory training, supervised work experience, or clinical casework at any one location or at one time, therefore space is provided to identify each location and date of training or experience. The date should be provided in the month/day/year format. The clock hours must be indicated for those individuals that must meet a minimum number of training and work experience hours. The specific number of hours needed for each training element will depend upon the type of approval sought.

**NOTE:** Classroom and Laboratory Training or Didactic Training may be provided at medical teaching/university institutions. In some cases, a course may be provided for that particular need and taught in consecutive days; in others, the period may be a semester or quarter as part of the formal curriculum. The required “structural educational programs” or “training” may be obtained in any number of settings, locations, and educational situations.

The Department expects that clinical laboratory hours credited toward meeting the requirements for classroom and laboratory training will involve training in radiation safety aspects of the medical use of radioactive material. The Department recognizes, for example, that physicians in training may not dedicate all of their clinical laboratory time specifically to the subject areas covered in these subparts and will be attending to other clinical matters involving the medical use of the material under the supervision of an AU (e.g., reviewing case histories or interpreting scans). However, those hours spent on other duties, not related to radiation safety, should not be counted toward the minimum number of hours of required classroom and laboratory training in radiation safety. This type of supervised work experience, even though not specifically required by the Department, may be counted toward the supervised work experience to obtain the required total hours of training.

Similarly, the Department recognizes that clinicians will not dedicate all of their time in training specifically to the subject areas described and will be attending to other clinical matters. The Department will broadly interpret “classroom training” to include various types of instruction received by candidates for approval, including online training, as long as the subject matter relates to radiation safety and safe handling of radioactive material.

**NOTE:** If the proposed new authorized individual had more than one supervisor, provide the information requested for each supervising individual.

## **Part II. Preceptor Attestation**

The Department defines the term “preceptor” in RH-8100.aa, “Definitions,” to mean “an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, or a Radiation Safety Officer.” While the supervising individual for the work experience may also be the preceptor, the preceptor does not have to be the supervising individual as long as the preceptor directs or verifies the training and experience required. The preceptor must attest in writing regarding the training and experience of any individual to serve as an authorized individual and attest that the individual has satisfactorily completed the appropriate training and experience criteria and has achieved a level of competency or a level of radiation safety knowledge

sufficient to function independently. This preceptor also has to meet specific requirements.

The Department may require supervised work experience conducted under the supervision of an authorized individual in a licensed material use program. In this case, a supervisor is an individual who provides frequent direction, instruction, and direct oversight of the student as the student completes the required work experience in the use of radioactive material.

Supervision may occur at various licensed facilities, from a large teaching university hospital to a small private practice.

The Department Form A series Part II - Preceptor Attestation pages have multiple sections. The preceptor must complete an attestation of the proposed user's training, experience, and competency to function independently, as well as provide information concerning his/her own qualifications and sign the attestation. Because there are a number of different pathways to obtain the required training and experience for different authorized individuals, specific instructions are provided below for each Department Form A series form.

## **V. RADIATION SAFETY OFFICER - Specific Instructions and Guidance for completing Department Form A (RSO)**

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See Section IV. "General Instructions and Guidance for Filling out Department Form A Series" for additional clarification on providing information about an individual's status on a Department license, an Agreement State license, a medical broad scope license, or a NRC Master Materials License permit.

**Part I. Training and Experience** - select one of four methods below:

### **Item 1. Board Certification**

Provide the requested information, i.e., a copy of the board certification, documentation of specific radiation safety training for all types of use on the license, and completed preceptor attestation. As indicated on the Form, additional information is needed if the board certification or radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in 3.c and his/her qualifications if the source of this training was a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

**Item 2. Current Radiation Safety Officer Seeking Authorization to be Recognized as a Radiation Safety Officer for the Additional Medical Use(s) Checked Above.**

Provide the requested information, i.e., documentation of specific radiation safety training (complete the table in 3.c) and completed preceptor attestation in Part II. As indicated on the Form, additional information is needed if the specific radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in 3.c and his/her qualifications if the source of this training was a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

**Item 3. Structured Educational Program for Proposed New Radiation Safety Officer**

As indicated on the form, additional information is needed if the training, supervised radiation safety experience, and specific radiation safety training was completed more than 7 years ago.

Submit a completed section 3.a.

Submit a completed section 3.b. The individual must have completed one year of full-time radiation safety experience under the supervision of a Radiation Safety Officer. This is documented in section 3.b by providing the ranges of dates for supervised radiation safety experience. If there was more than one supervising individual, identify each supervising individual by name and provide their qualifications.

Provide the requested information, i.e., documentation of specific radiation safety training for each use on the license (complete the table in 3.c). Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in 3.c and his/her qualifications if the source of this training was a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Submit a completed preceptor attestation in Part II.

#### **Item 4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist Identified on the Licensee’s License**

Provide the requested information, i.e., the license number and documentation of specific radiation safety training for each use on the license (complete the table in 3.c). As indicated on the Form, additional information is needed if the specific radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

### **Part II. Preceptor Attestation**

The Preceptor Attestation page has four sections.

- The attestation to the new proposed Radiation Safety Officer’s training or identification on the license as an authorized user, authorized medical physicist, or authorized nuclear pharmacist is in the first section.
- The attestation for the specific radiation safety training is in the second section.
- The attestation of the individual’s competency to function independently as a Radiation Safety Officer for a medical use license is in the third section.
- The fourth and final section requests specific information about the preceptor’s authorization as a Radiation Safety Officer on a medical use license in addition to the preceptor’s signature.

The preceptor for a new proposed Radiation Safety Officer must fill out all four sections of this page.

The preceptor for a Radiation Safety Officer seeking authorization to be recognized as a Radiation Safety Officer for the additional medical use(s) must fill out the second, third, and fourth sections.

## **VI. AUTHORIZED MEDICAL PHYSICIST - Specific Instructions and Guidance for completing Department Form A (AMP)**

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See Section IV. “General Instructions and Guidance for Filling out Department Form A Series” for additional clarification on providing information about an individual’s status on a Department license, an Agreement State license, a medical broad scope license, or a NRC Master Materials License permit.

**Part I. Training and Experience** - select one of the three methods below**Item 1. Board Certification**

Provide the requested information, i.e., a copy of the board certification, documentation of device specific training in the table in 3.c, and completed preceptor attestation. As indicated on the Form, additional information is needed if the board certification or device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

**Item 2. Current Authorized Medical Physicist Seeking Additional Uses(s) Checked Above**

Provide the requested information, i.e., documentation of device specific training (complete the table in 3.c) and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising medical physicist provided the training identify each supervising individual by name and provide their qualifications.

**Item 3. Training and Experience for Proposed Authorized Medical Physicist**

As indicated on the Form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed section 3.a. Submit documentation of your graduate degree, for example, a copy of your diploma or transcript from an accredited college or university.

Submit a completed section 3.b. The individual must have completed one year of full time training in medical physics and an additional year of full time work experience which cannot be concurrent. This is documented in 3.b by providing the ranges of dates for training and work experience.

If the proposed authorized medical physicist had more than one supervisor, provide the

information requested in section 3.b for each supervising individual. If the supervising individual is not an authorized medical physicist, the applicant must provide documentation that the supervising individual meets the requirements in RH-8316 and RH-8319.

Submit a completed section 3.c for each specific device for which the applicant is requesting authorization.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising medical physicist provided the training, identify each supervising individual by name and provide their qualifications.

Submit a completed preceptor attestation in Part II.

## **Part II. Preceptor Attestation**

The Preceptor Attestation page has four sections.

- The attestation to the proposed authorized medical physicist’s training is in the first section.
- The attestation for the device specific training is in the second section.
- The attestation of the individual’s competency to function independently as an authorized medical physicist for the specific devices requested by the applicant is in the third section.
- The fourth and final section requests specific information about the preceptor’s authorizations to use licensed material in addition to the preceptor’s signature.

The preceptor for a proposed new authorized medical physicist must fill out all four sections of this page. The preceptor for an authorized medical physicist seeking additional authorizations must complete the last three sections.

## **VII. AUTHORIZED NUCLEAR PHARMACIST -Specific Instructions and Guidance for completing Department Form A (ANP)**

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See Section IV. “General Instructions and Guidance for Filling out Department Form A Series” for additional clarification on providing information about an individual’s status on a Department license, an Agreement State license, a medical broad scope license, or a NRC Master Materials License permit.

**Part I. Training and Experience** - select one of the two methods below

**Item 1. Board Certification**

Provide the requested information, i.e., a copy of the board certification and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification was greater than 7 years ago.

**Item 2. Structured Educational Program for a Proposed Authorized Nuclear Pharmacist**

As indicated on the form, additional information is needed if the training and/or supervised practical experience was completed more than 7 years ago.

Submit completed sections 2.a and 2.b. If the proposed new nuclear pharmacist had more than one supervisor, provide the name of each supervising individual in section 2.b. Submit a completed preceptor attestation.

**Part II. Preceptor Attestation**

The Preceptor Attestation page has two sections. The preceptor must select either the board certification or the structured educational program when filling out the first section on this page.

The second and final section of the page requests specific information about the preceptor's authorization to use licensed material in addition to the preceptor's signature.

**VIII. RH-8500, RH-8530, AND RH-8620 AUTHORIZED USERS –  
Specific Instructions and Guidance for completing Department  
Form A (AUD)**

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See Section IV. "General Instructions and Guidance for Filling out Department Form A Series" for additional clarification on providing information about an individual's status on a Department license, an Agreement State license, a medical broad scope license, or a NRC Master Materials License permit.

**Part I. Training and Experience** - select one of the three methods below

**Item 1. Board Certification**

Provide the requested information, i.e., a copy of the board certification and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification was greater than 7 years ago.

## **Item 2. Current RH-8560 Authorized User Seeking Additional RH-8540 Authorization**

- (a) Fill in the blank in section 2.a with the current license number on which the proposed user is listed.
- (b) Provide a description of the proposed user's experience that meets the requirements of RH-8540.b, as shown in the table in 2.b. As indicated on the form, additional information is needed if this experience was obtained more than 7 years ago.

List each supervising individual by name and include the license showing the supervising individual as an authorized user.

## **Item 3. Training and Experience for Proposed Authorized Users**

As indicated on the form, additional information is needed if the training and/or work experience was completed more than 7 years ago.

**NOTE:** Providing the training and experience information required under RH-8540 will allow the individual to be authorized to use materials permitted by both RH-8500 and RH-8530.

Submit a completed section 3.a for each proposed authorized use.

Submit a completed section 3.b, except for RH-8620 uses. If the proposed user had more than one supervisor, provide the information requested in section 3.b for each supervising individual.

Submit a completed section 3.c for RH-8620 uses.

Submit a completed preceptor attestation, except for RH-8620 uses.

## **Part II. Preceptor Attestation**

The Preceptor Attestation page has two sections.

The attestations for training and experience requirements in RH-8510 and RH-8540 are found in the first section.

The second and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature.

The preceptor must fill out both sections.

**NOTE:** The attestation to the proposed user's training and competency to function independently under RH-8510 covers the use of material permitted by RH-8500 only. The attestation to the proposed user's training and competency to function independently under RH-8540 training will allow the individual to be authorized to use material permitted by both RH-8500 and RH-8530.

## **IX. RH-8550 AUTHORIZED USER - Specific Instructions and Guidance for completing Department Form A (AUT)**

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See Section IV. "General Instructions and Guidance for Filling out Department Form A Series" for additional clarification on providing information about an individual's status on a Department license, an Agreement State license, a medical broad scope license, or a NRC Master Materials License permit.

### **Part I. Training and Experience** - select one of the three methods below

#### **Item 1. Board Certification**

If you are a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under RH-8550 (or on the NRC website), provide the requested information, i.e., a copy of the board certification, documentation of supervised clinical experience (complete the table in section 3.c), and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or supervised clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If you are a radiation oncologist whose board certification is not listed under RH-8550 (or on the NRC website), provide the requested information [i.e., a copy of the board certification listed under either RH-8600 or RH-8630 or on the NRC website; documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in sections 3.a and 3.b); documentation of supervised clinical experience (complete the table in section 3.c); and completed preceptor attestation]. As indicated on the form, additional information is needed if the board certification, training and supervised work experience or clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

## **Item 2. Current RH-8550, RH-8600, or RH-8630 Authorized User Seeking Additional Authorization**

Submit a completed section 2.a, listing the license number and the user's current authorizations.

If you are currently authorized for a subset of clinical uses under RH-8550, submit the requested information, i.e., complete the table in section 3.c to document your new supervised clinical case experience and the completed preceptor attestation. As indicated on the form, additional information is needed if the clinical case experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If you are currently authorized under RH-8610 or RH-8660 and meet the requirements in RH-8590, submit the requested information, i.e., documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in sections 3.a and 3.b); documentation of supervised clinical experience (complete the table in section 3.c); and completed preceptor attestation). As indicated on the form, additional information is needed if the training and supervised work experience or clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

## **Item 3. Training and Experience for Proposed Authorized Users**

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed section 3.a.

Submit a completed section 3.b. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed section 3.c for each requested authorization. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed preceptor attestation in Part II.

## **Part II. Preceptor Attestation**

The Preceptor Attestation page has five sections.

The attestations for training and experience requirements in RH-8560, RH-8570, and RH-8580 are in the first section.

The attestation for supervised clinical experience is in the second section.

The attestations for competency to function independently as an authorized user for specific uses is in the third section.

The attestation for training and experience requirements and competency to function independently for radiation oncologist meeting the requirements in RH-8590 is in the fourth section.

The fifth and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature.

There are seven possible categories of individuals seeking authorized user status under this Form. Follow the instructions for the applicable category.

The preceptor for a proposed authorized user who is a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under RH-8560 on NRC's website must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for all the uses listed in RH-8560.b.2, who is a radiation oncologist with a board certification that is not listed under RH-8560 (or on the NRC website) must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for RH-8560.b.2 uses who is a radiation oncologist with a board certification listed under RH-8610 or RH-8660 (or on NRC website) must complete the fourth and fifth sections of this part.

The preceptor for an authorized user who is currently authorized for a subset of clinical uses under RH-8550 must complete the second, third, and fifth sections of this part, except for an authorized user meeting the criteria in RH-8570 seeking to meet the training and experience requirements under RH-8580.

The preceptor for an authorized user meeting the criteria in RH-8570 seeking to meet the training and experience requirements under RH-8580 must complete the first, second, third, and fifth sections of this part.

The preceptor for an authorized user currently authorized under RH-8610 or RH-8660 and meeting the requirements in RH-8590 must complete the fourth, and fifth sections of this part.

The preceptor for a proposed new authorized user must complete the first, second, third and fifth sections of this part.

## **X. RH-8600 and RH-8630 AUTHORIZED USER - Specific Instructions and Guidance for completing Department Form A (AUS)**

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See Section IV. “General Instructions and Guidance for Filling out Department Form A Series” for additional clarification on providing information about an individual’s status on a Department license, an Agreement State license, a medical broad scope license, or a NRC Master Materials License permit.

### **Part I. Training and Experience** - select one of the three methods below

#### **Item 1. Board Certification**

Provide the requested information, i.e., a copy of the board certification, for RH-8630 uses documentation of device specific training in the table in 3.e, and for all uses a completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor for new users, or either a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in 3.e and his/her qualifications if this was the source of training. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

#### **Item 2. Current RH-8630 Authorized User requesting Additional Authorization for RH-8630 Use(s) Checked Above**

Provide the requested information, i.e., documentation of device specific training (complete the table in 3.e) and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor, or a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in 3.e and his/her qualifications if this was the source of training. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

#### **Item 3. Training and Experience for Proposed Authorized User**

As indicated on the form, additional information is needed if the training, residency program, supervised work and clinical experience was completed more than 7 years ago.

Submit a completed section 3.a for each requested use.

Submit a completed section 3.b if applying for RH-8600 uses. However, section 3.b does not have to be completed when only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised work and clinical experience identify each supervising individual by name and provide their qualifications.

Submit a completed section 3.c if only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised clinical experience identify each supervising individual by name and provide their qualifications. Submit a completed section 3.d for each requested RH-8630 use. If more than one supervising authorized user provided the supervised work and clinical experience, identify each supervising individual by name and provide their qualifications.

Submit a completed section 3.e for each specific RH-8630 device for which the applicant is requesting authorization.

Device specific training may be provided by the vendor, or a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in 3.e and his/her qualifications if this was the source of training. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Submit a completed preceptor attestation in Part II.

## **Part II. Preceptor Attestation**

The Preceptor Attestation part has five sections.

- The attestation to the training and individuals competency for RH-8600 uses or strontium 90 eye applicator use is in the first section.
- The attestation to the training for the proposed authorized user for RH-8630 uses is in the second section.
- The attestation for the RH-8630 device specific training is in the third section.
- The attestation of the individual's competency to function independently as an authorized user for the specific RH-8630 devices requested by the applicant is in the fourth section.
- The fifth and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature.

The preceptor for a RH-8600 proposed authorized user must fill out the first and fifth sections of this Part.

The preceptor for a RH-8630 proposed authorized user must fill out the second, third, fourth and fifth sections.

The preceptor for an authorized user seeking additional RH-8630 authorizations must complete the third, fourth, and fifth sections.