

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under RH-8600 and RH-8630)
[RH-8610, RH-8615, and RH-8660]

Name of Proposed Authorized User

- Requested Authorization(s)**
(check all that apply)
- RH-8600 Manual brachytherapy sources RH-8630 Teletherapy unit(s)
- RH-8600 Ophthalmic use of strontium-90 RH-8630 Gamma stereotactic radiosurgery unit(s)
- RH-8630 Remote afterloader unit(s)

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

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

- 1. Board Certification**
- a. Provide a copy of the board certification.
- b. For RH-8630, 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. Skip to and complete Part II Preceptor Attestation.
- 2. Current RH-8630 Authorized User Requesting Additional Authorization for RH-8630 Use Checked Above**
- a. Go to the table in section 3.e. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation.
- 3. Training and Experience for Proposed Authorized User**
- a. Classroom and Laboratory Training RH-8610 RH-8615 RH-8660

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 AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work and Clinical Experience for RH-8610. *(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)*

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Checking survey meters for proper operation			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of radioactive material			
Using emergency procedures to control radioactive material			

Total Hours of Work Experience

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*
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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
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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Experience for RH-8615

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 RH-8660

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

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks			
Preparing treatment plans and calculating treatment doses and times			
Using administrative controls to prevent a medical event involving the use of radioactive material			
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			
Checking and using survey meters			
Selecting the proper dose and how it is to be administered			
Total Hours of Work Experience			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

d. Supervised Work and Clinical Experience for RH-8660 (continued)

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

e. For RH-8630, 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. <i>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.)</i>		License/Permit Number listing supervising individual as an Authorized User	
Authorized for the following types of use: <input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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 for each requested authorization:

For RH-8610

Board Certification

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

RH-8610 and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under RH-8600.

OR

Training and Experience

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 RH-8610, and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under RH-8600.

For RH-8615

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 RH-8615 and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

RH-8660

Board Certification

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

RH-8660.

OR

Training and Experience

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 RH-8660.

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For RH-8660 (continued)

I attest that _____ has received training required in RH-8660 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

Fourth Section

I attest that _____ has achieved a level of competency sufficient to
Name of Proposed Authorized User
 achieve a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

Complete the following for preceptor attestation and signature:

- I meet the requirements in RH-8610, RH-8615, RH-8660, or equivalent U.S. NRC or Agreement State requirements, as an authorized user for:
 - RH-8600 Manual brachytherapy sources RH-8630 Teletherapy unit(s)
 - RH-8600 Ophthalmic use of strontium-90 RH-8630 Gamma stereotactic radiosurgery unit(s)
 - RH-8630 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
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License/Permit Number/Facility Name