



RHODE ISLAND RADIATION CONTROL AGENCY

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under §§ 9.9.1 & 9.11.1 OF 216-RICR-40-20)
[§§ 9.9.9, 9.9.10 and 9.11.17*]**

Name of Proposed Authorized User

Rhode Island License No. and Expiration Date

Requested Authorization(s) (*check all that apply*):

- § 9.9.1 Manual brachytherapy sources § 9.11.1 Teletherapy unit(s)
 § 9.9.1 Ophthalmic use of strontium-90 § 9.11.1 Gamma stereotactic radiosurgery unit(s)
 § 9.11.1 Remote afterloader unit(s)

PART I - TRAINING AND EXPERIENCE

(Select one of the three methods below)

Note: *Training and Experience, including board certification, must have been obtained within the seven (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 § 9.11.1, 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 24 October 2005, that is listed in § 9.5.13 [10 CFR 35.57(b)(2)(iii)], provide the following:
 - i. Documentation that the individual performed each use checked above on or before 24 October 2005.
 - ii. Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - d. Stop here.
- 2. Current § 9.11.1 Authorized User Requesting Additional Authorization for § 9.11.1 Use(s) Checked Above**
- a. Go to the table in Section 3e to document training for new device.
 - b. If board certified, provide a copy of the certificate and 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 § 9.9.9 § 9.9.10 § 9.11.17

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:

** Unless specifically indicated to the contrary, all section references in Form MAT-1A-AUS are to 216-RICR-40-20*

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AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

3. Training and Experience for Proposed Authorized User [continued]

b. Supervised Work and Clinical Experience for § 9.9.9

(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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a misadministration involving the use of radioactive material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control radioactive material		<input type="checkbox"/> Yes <input type="checkbox"/> 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: <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"/> Council 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, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

3. Training and Experience for Proposed Authorized User [continued]

c. Supervised Clinical Experience for § 9.9.10

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 § 9.11.17

- 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing treatment plans and calculating treatment doses and times		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a misadministration involving the use of radioactive material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

3. Training and Experience for Proposed Authorized User [continued]

d. Supervised Work and Clinical Experience for § 9.11.17 [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"/> Council on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual		License/Permit Number listing supervising individual as an authorized user

e. For § 9.11.1, 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**		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)

***If training was provided by supervising individual. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

f. Provide completed Part II Preceptor Attestation

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AUTHORIZED USER TRAINING, 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.*

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 § 9.9.9:

I attest that _____
Name of Proposed Authorized User

has satisfactorily completed the 200 hours of classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by § 9.9.9, 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 § 9.9.1.

For § 9.9.10:

I attest that _____
Name of Proposed Authorized User

has satisfactorily completed the 24 hours of classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of five (5) individuals, as required by § 9.9.10, and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

Second Section

For § 9.11.17:

I attest that _____
Name of Proposed Authorized User

has satisfactorily completed 200 hours of classroom and laboratory training, 500 hours of supervised work experience, and three (3) years of supervised clinical experience in radiation therapy, as required by § 9.11.17.

AND

Third Section

For § 9.11.17: [continued]

I attest that _____
Name of Proposed Authorized User

has received training required in § 9.11.17 for device 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

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AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

Fourth Section

I attest that _____
Name of Proposed Authorized User

is able to independently fulfill the radiation safety- 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 §§ 9.9.9, 9.9.10, 9.11.17 or equivalent NRC/other Agreement State requirements, as an authorized user for:

- | | |
|---|---|
| <input type="checkbox"/> § 9.9.1 Manual brachytherapy sources | <input type="checkbox"/> § 9.11.1 Teletherapy unit(s) |
| <input type="checkbox"/> § 9.9.1 Ophthalmic use of strontium-90 | <input type="checkbox"/> § 9.11.1 Gamma stereotactic radiosurgery unit(s) |
| <input type="checkbox"/> § 9.11.1 Remote afterloader unit(s) | <input type="checkbox"/> § 9.5.13 for § 9.9.1 and/or § 9.11.1 uses, as applicable |

OR

Residency Program Director (for § 9.9.9 and/or § 9.11.17 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 NRC or other Agreement State requirements for:

- | | |
|---|---|
| <input type="checkbox"/> § 9.9.1 for Manual brachytherapy sources | <input type="checkbox"/> § 9.5.13 for § 9.9.1 uses |
| <input type="checkbox"/> § 9.11.1 for Teletherapy unit(s) | <input type="checkbox"/> § 9.5.13 for Teletherapy unit(s) |
| <input type="checkbox"/> § 9.11.1 for Remote afterloader unit(s) | <input type="checkbox"/> § 9.5.13 for remote afterloader unit(s) |
| <input type="checkbox"/> § 9.11.1 for Gamma stereotactic radiosurgery unit(s) | <input type="checkbox"/> § 9.5.13 for 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
- Council on Postdoctoral Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:

- § 9.9.9 § 9.11.17

Name of Facility:			
License/Permit Number:			
Name of Preceptor or Residency Program Director (Typed or printed)	Telephone Number	Date	
Signature			