

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under .07(60) and .07(72))  
[420-3-26-.07(68), (69) and (89)]

Name of Proposed Authorized User

Name of Licensee Where Physician Wishes to be Approved

- Requested Authorization(s)**  
(check all that apply)
- .07(60) Manual brachytherapy sources     .07(72) Teletherapy unit(s)
- .07(60) Ophthalmic use of strontium-90     .07(72) Gamma stereotactic radiosurgery unit(s)
- .07(72) 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 .07(72), 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 .07(72) Authorized User Requesting Additional Authorization for .07(72) Use(s) 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     .07(68)     .07(69)     .07(89)

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 Classroom and Laboratory 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 420-3-26-.07(68)(b)1.(ii) and (b)2. *(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 misadministration involving the use of radioactive material			
Using emergency procedures to control radioactive material			
<b>Total Hours of Work Experience:</b>			
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*
<b>Approved by:</b> <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		

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

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

c. Supervised Clinical Experience for 420-3-226-.07(69)(b)2.

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 on which the supervising individual is listed as an Authorized User	

d. Supervised Work and Clinical Experience for 420-3-26-.07(89)(b)1.(ii) and (b)2.

- 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 misadministration 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			
<b>Total Hours of Work Experience:</b>			

**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 420-3-26-.07(89) (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*
<b>Approved by:</b> <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 on which the supervising individual is listed as an Authorized User	

e. For 420-3-26-.07(72), describe training provider and dates of training for each type of use for which authorization is sought [420-3-26-.07(89)(c)].

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 on which the supervising individual is listed 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 .07(68):**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User  
420-3-26-.07(68)(a) 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 420-3-26-.07(60).

**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 420-3-26-.07(68)(b)1. and (b)2., 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 420-3-26-.07(60).

**For .07(69):**

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 420-3-26-.07(69)(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For .07(89):**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User  
420-3-26-.07(89)(a).

**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 420-3-26-.07(89)(b)1. and (b)2.

**AND**

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

**Preceptor Attestation (continued)**

**Third Section**

**For .07(89): (continued)**

I attest that \_\_\_\_\_ has received training required in .07(89)(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**

**Fourth Section**

I attest that \_\_\_\_\_ has achieved a level of competency sufficient to  
Name of Proposed Authorized User  
 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 420-3-26-.07(68), (69), (89), or equivalent NRC or Agreement State requirements, as an authorized user for:

.07(60) Manual brachytherapy sources     .07(72) Teletherapy unit(s)

.07(60) Ophthalmic use of strontium-90     .07(72) Gamma stereotactic radiosurgery unit(s)

.07(72) Remote afterloader unit(s)

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