# AUTHORIZED USER TRAING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.57, 35.490, 35.491, and 35.690]

State Form ##### (08-24)
INDIANA DEPARTMENT OF HOMELAND SECURTY

**INDIANA DEPARTMENT OF HOMELAND SECURITY**
**RADIOACTIVE MATERIALS CONTROL PROGRAM**
302 West Washington Street, Room E208
Indianapolis, IN 46204
Telephone: (317) 232-2222
E-mail: RMCP@dhs.IN.gov
Website: www.dhs.in.gov

## 1. REQUESTED AUTHORIZATIONS

| Name of Proposed Authorized User | State or Territory where Licensed |
|---|---|
| | |

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

- ☐ 35.400 Ophthalmic use of Strontium-90
- ☐ 35.400 Manual Brachytherapy Sources
- ☐ 35.600 Remote Afterloader Unit(s)
- ☐ 35.600 Teletherapy Unit(s)
- ☐ 35.600 Gamma Stereotactic Radiosurgery Unit(s)

## 2. TRAINING AND EXPERIENCE (*SELECT ONE OF THE 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 35.690, 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 October 24, 2005, that is listed in 10 CFR 35.57(b)(2)(iii), provide the following:
      i. Documentation that the individual performed each use checked above on or before October 24, 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above
   a. Go to the table in section 3.e. 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 3 Preceptor Attestation.

☐ 3. Training and Experience for Proposed Authorized User

   a. ☐ 35.490 ☐ 35.491 ☐ 35.690

| 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 | | | |
| Chemistry of byproduct material for medical use (not required for 35.590) | | | |
| Radiation Biology | | | |
| Total Hours of Training: | | | |

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

| 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 related radiation surveys | | ☐ Yes<br>☐ No | |
| Checking survey meters for proper operation | | ☐ Yes<br>☐ No | |
| Preparing, implanting, and safely removing brachytherapy sources | | ☐ Yes<br>☐ No | |
| Maintaining running inventories of material on hand | | ☐ Yes<br>☐ No | |
| Using administrative controls to prevent a medical event involving the use of byproduct material | | ☐ Yes<br>☐ No | |
| Using emergency procedures to control byproduct material | | ☐ Yes<br>☐ No | |
| Total Hours of 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 |
|---|---|---|
| **Approved by:**<br>☐ Residency Review Committee for Radiation Oncology of the ACGME<br>☐ Royal College of Physicians and Surgeons of Canada<br>☐ Council of Postdoctoral Training of the American Osteopathic Association | | |
| Supervising Individual | License/Permit Number listing supervising individual as an Authorized User | |

c. Supervised Clinical Experience for 10 CFR 35.491

| 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 10 CFR 35.690

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

| 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 | | ☐ Yes ☐ No | |
| Preparing treatment plans and calculating treatment doses and times | | ☐ Yes ☐ No | |
| Using administrative controls to prevent a medical event involving the use of byproduct material | | ☐ Yes ☐ No | |
| Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console | | ☐ Yes ☐ No | |
| Checking and using survey meters | | ☐ Yes ☐ No | |
| Selecting the proper dose and how it is to be administered | | ☐ Yes ☐ No | |
| Total Hours of 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 |
|---|---|---|
| **Approved by:**<br>☐ Residency Review Committee for Radiation Oncology of the ACGME<br>☐ Royal College of Physicians and Surgeons of Canada<br>☐ Council of Postdoctoral Training of the American Osteopathic Association | | |
| Supervising Individual | License/Permit Number listing supervising individual as an Authorized User | |

e. For 35.600, 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 (If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.) | License/Permit Number listing supervising individual as an authorized Medical Physicist |

For the following types of use:

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

**3. 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 35.490:

☐ I attest that _____ 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 10 CFR 35.490(b)(1) and (b)(2), and is able to independently fulfill the radiation safety-related duties as ana authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ 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 5 individuals, as required by 10 CFR 35.491(b), and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

☐ I attest that _____ 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 10 CFR 35.690(b)(1) and (b)(2).

Fourth Section

☐ I attest that _____ 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 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.400 Manual brachytherapy unit(s)
☐ 35.600 Teletherapy unit(s)
☐ 35.400 Ophthalmic use of strontium-90
☐ 35.600 Gamma stereotactic radiosurgery unit(s)
☐ 35.600 Remote afterloader unit(s)
☐ 35.57 for 35.400 and/or 35.600 uses as applicable

☐ Residency Program Director (For 35.490 and/or 35.690 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 Agreement State requirements for:

☐ 35.400 Manual brachytherapy unit(s)
☐ 35.57 for 35.400 uses
☐ 35.600 Teletherapy unit(s)
☐ 35.57 for teletherapy unit(s)
☐ 35.600 Remote afterloader unit(s)
☐ 35.57 for remote afterloader unit(s)
☐ 35.600 Gamma stereotactic radiosurgery unit(s)
☐ 35.57 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 of Postdoctoral Training of the American Osteopathic Association

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

☐ 35.490 ☐ 35.690

| | |
|---|---|
| Name of Facility: | |
| License/Permit Number: | |

| Name of Preceptor or Residency Program Director (Typed or printed) | Telephone Number | Date |
|---|---|---|
| Signature | | |