RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

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

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RADIOACTIVE MATERIALS CONTROL PROGRAM
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1. REQUESTED AUTHORIZATIONS

Name	☐ RSO ☐ ARSO

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

☐ 35.100
☐ 35.200
☐ 35.300
☐ 35.400
☐ 35.500
☐ 35.600 (remote afterloader)
☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery)
☐ 35.1000 (_____)

2. TRAINING AND EXPERIENCE

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.

Select one of the five methods below.

☐ 1. Board Certification

a. Provide a copy of the board certification.
b. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.50;
   i. Go to the table in 5c and describe the traing provider and dates of training for each type of use for which authorization is sought.
   ii. Stop here.
c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2);
   i. Provide documentation demonstrating the individual was using the requested materials and uses on or before October 24, 2005.
   ii. Stop here.

OR

☐ 2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above

a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
b. If board certified, provide a copy of the certificate and stop here.
c. If not board certified and not listed on a medical use license as an RSO before January 14, 2019, skip to and complete Part II Preceptor Attestation.

OR

☐ 3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) identified on a license or permit in accordance with 10 CFR 35.50 (c)(2)

a. Provide license number.
b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
c. Stop here.

OR

☐ 4. Individuals applying simultaneously to be the RSO and AU on a new license

☐ a. Documentation of training and experience to be a new AU is attached
☐ b. The new license application is attached.
c. Stop here.

OR

☐ 5. Structured Educational Program for Proposed RSO or ARSO

a. Classroom and Laboratory Training.

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			
Radiation Dosimetry			
Total Hours of Training:			

b. Supervised Radiation Safety Experience

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Dates of Experience
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)		

Supervising Individual	License/Permit Number listing supervising individual as a RSO or ARSO

The supervising individual is listed as the ☐ RSO ☐ ARSO for the following uses:

☐ 35.100	☐ 35.400	☐ 35.600 (teletherapy)
☐ 35.200	☐ 35.500	☐ 35.600 (gamma stereotactic radiosurgery)
☐ 35.300	☐ 35.600 (remote afterloader)	☐ 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed on the license.

Description of Experience Must Include:	Training Provided By	Dates of Experience
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 – teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 – remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 – gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

Supervising Individual	License/Permit Number listing supervising individual

License/Permit lists supervising individual as:

☐ Radiation Safety Officer ☐ Associate Radiation Safety Officer ☐ Authorized User
☐ Authorized nuclear Pharmacist ☐ Authorized Medical Physicist

Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses:

☐ 35.100 ☐ 35.400 ☐ 35.600 (teletherapy)
☐ 35.200 ☐ 35.500 ☐ 35.600 (gamma stereotactic radiosurgery)
☐ 35.300 ☐ 35.600 (remote afterloader) ☐ 35.1000 (_____)

d. Skip to and complete Section 3. Preceptor Attestation.

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

Structured Educational Program for Proposed RSO or ARSO

☐ I attest that _____ has satisfactorily completed a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

AND

Second Section

☐ I attest that _____ has training in radiation safety, regulatory issues, and emergency procedures for the following types of use:

☐ 35.100
☐ 35.200
☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
☐ 35.300 Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required
☐ 35.400
☐ 35.500
☐ 35.600 remote afterloader units
☐ 35.600 teletherapy units
☐ 35.600 stereotactic radiosurgery units
☐ 35.1000 emerging technologies, including:

AND

Third Section

☐ I attest that _____ is able to independently fulfill the radiation safety-related duties as:

☐ A Radiation Safety Officer for a medical use licensee.

OR

☐ An Associate Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

☐ I am the Radiation Safety Officer for:

☐ I am the Associate Radiation Safety Officer for:

Name of Facility: _____

License/Permit Number: _____

Name of Preceptor	Telephone Number	Date

Signature