



Ohio Department of Health
RADIATION SAFETY OFFICER AND ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[OAC 3701:1-58-18]

Name of Individual:

RSO ARSO

Requested Authorizations:

- 3701:1-58-32 3701:1-58-43 3701:1-58-55 Teletherapy
 3701:1-58-34 3701:1-58-53 3701:1-58-55 Gamma Stereotactic Radiosurgery
 3701:1-58-37 3701:1-58-55 Remote Afterloader 3701:1-58-72 (Specify) _____

PART I – TRAINING AND EXPERIENCE
(Select one of the four methods below)

In accordance with OAC 3701:1-58-22, training and experience, including board certification, must have been obtained within seven years preceding the date of the 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. (A list of approved board certifications is located at <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>)
- B.** If the board certification process has been recognized by the Commission or an Agreement State under OAC 3701:1-58-18;
- (i) Go to the table in 4.C. and describe training 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 OAC 3701:1-58-18(A)(2);
- (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
- (ii) Stop here.

OR

2. Current RSO or ARSO Seeking Authorization for Additional Medical Uses

- A.** Use the table in section 4.C to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- B.** If Board Certified, provide a copy of the certificate and stop here. Otherwise 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 OAC 3701:1-58-18

- A.** Provide license number. *Please provide a copy of the license if not an Ohio issued license.*
- B.** Use the table in section 4.C. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- C.** If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR



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4. 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:			



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B. Supervised Radiation Safety Experience *(if more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section)*

Description of Experience	Location of Training License Number of Facility	Dates of Training
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 radioactive material		
Using administrative controls to avoid mistakes in administration of radioactive material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control radioactive materials		
Disposing of radioactive material		
Licensed material used (see below*)		

* Choose applicable sections of OAC 3701:1-58 to describe radioisotopes and quantities used: 3701:1-58-32, 3701:1-58-34, 3701:1-58-37, 3701:1-58-43, 3701:1-58-53, 3701:1-58-55 remote afterloader, 3701:1-58-55 teletherapy, 3701:1-58-55 gamma stereotactic radiosurgery, or 3701:1-58-72 for new and emerging technologies (provide list of devices)

Supervising Individual	License Number - for which supervision was performed, please provide a copy of the license if not an Ohio issued license.
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The supervising individual is listed on the license as the RSO ARSO for the following medical uses:

<input type="checkbox"/> 3701:1-58-32	<input type="checkbox"/> 3701:1-58-43	<input type="checkbox"/> 3701:1-58-55 Teletherapy
<input type="checkbox"/> 3701:1-58-34	<input type="checkbox"/> 3701:1-58-53	<input type="checkbox"/> 3701:1-58-55 Gamma Stereotactic Radiosurgery
<input type="checkbox"/> 3701:1-58-37	<input type="checkbox"/> 3701:1-58-55 Remote Afterloader	<input type="checkbox"/> 3701:1-58-72 (Specify) _____



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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 Training	Training Provided By	Dates of Training
Radiation safety, regulatory issues, and emergency procedures for 3701:1-58-32, 3701:1-58-34, and 3701:1-58-53 uses		
Radiation safety, regulatory issues, and emergency procedures for 3701:1-58-37 uses		
Radiation safety, regulatory issues, and emergency procedures for 3701:1-58-43 uses		
Radiation safety, regulatory issues, and emergency procedures for 3701:1-58-55 – teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 3701:1-58-55 – remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 3701:1-58-55 – gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 3701:1-58-72 – specify uses:		

Supervising Individual	License Number - for which supervision was performed, please provide a copy of the license if not an Ohio issued license.
<p>Supervising individual is list on the license as:</p> <p> <input type="checkbox"/> RSO <input type="checkbox"/> ARSO <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist </p> <p>For the following medical uses:</p> <p> <input type="checkbox"/> 3701:1-58-32 <input type="checkbox"/> 3701:1-58-43 <input type="checkbox"/> 3701:1-58-55 Teletherapy </p> <p> <input type="checkbox"/> 3701:1-58-34 <input type="checkbox"/> 3701:1-58-53 <input type="checkbox"/> 3701:1-58-55 Gamma Stereotactic Radiosurgery </p> <p> <input type="checkbox"/> 3701:1-58-37 <input type="checkbox"/> 3701:1-58-55 Remote Afterloader <input type="checkbox"/> 3701:1-58-72 (Specify) _____ </p>	

D. Skip to and complete Part II Preceptor Attestation.



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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, and verifies the training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Structured Education Program for Proposed RSO or ARSO

- I attest that _____ has satisfactorily completed a structured educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 3701:1-58-18(B)(1).
- I attest that _____ has training in radiation safety, regulatory issues, and emergency procedures for the follow types of use:
- 3701:1-58-32 Uptake, Dilution and Excretion studies
 - 3701:1-58-34 Imaging and Localization studies
 - 3701:1-58-37 Oral administration of less than or equal to 33 millicuries of sodium iodide I-131
 - 3701:1-58-37 Oral administration of greater than 33 millicuries of sodium iodide I-131
 - 3701:1-58-37 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
 - 3701:1-58-43 Manual Brachytherapy
 - 3701:1-58-53 Sealed sources for Diagnosis (specify device) _____
 - 3701:1-58-55 Remote Afterloader
 - 3701:1-58-55 Teletherapy
 - 3701:1-58-55 Gamma Stereotactic Radiosurgery
 - 3701:1-58-72 New and Emerging Technology (specify) _____
- I attest that _____ is able to independently fulfill the radiation safety-related duties on a medical use license as a:
- Radiation Safety Officer Associate Radiation Safety Officer

Preceptor Attestation and Signature

I am the <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Associate Radiation Safety Officer for:	
Name of Facility:	License Number: – Please provide a copy of the license if not an Ohio issued license.
Name of Preceptor: - Typed or Printed	Contact Information: - Telephone Number and Email
Signature:	Date: