



**Ohio Department of Health
 AUTHORIZED MEDICAL PHYSICIST TRAINING, EXPERIENCE, AND PRECEPTOR
 ATTESTATION**

[OAC 3701:1-58-19, 3701:1-58-21(A)(3), 3701:1-58-49]

Name of Individual		<input type="checkbox"/> Authorized Medical Physicist
		<input type="checkbox"/> Ophthalmic Physicist (go to Page 4)
Requested Authorization(s): (check all that apply)	<input type="checkbox"/> 3701:1-58-43 Ophthalmic Use of Sr-90	<input type="checkbox"/> 3701:1-58-55 Teletherapy
	<input type="checkbox"/> 3701:1-58-55 Remote Afterloader	<input type="checkbox"/> 3701:1-58-55 Gamma Stereotactic Surgery
	<input type="checkbox"/> 3701:1-58-72 _____	

PART I – TRAINING AND EXPERIENCE
 (select one of the 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 director, the United States nuclear regulatory commission, or an agreement state under OAC 3701:1-58-19:
 - Go to the table in 3.D. and describe training provider and dates of training for each type of use for which authorization is sought.
 - Stop here.
- C. If the board certification was issued on or before October 24, 2005 and is listed in OAC 3701:1-58-21, attach:
 - Documentation that the individual performed each use checked above on or before October 24, 2005.
 - Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - Stop here.

OR

2. **Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- A. Go to the table in section 3.D. to document training for new device.
- B. If not board certified complete Part II Preceptor Attestation.
- C. If board certified, provide a copy of the certificate and stop here.

OR

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist**

- A. Education: Document master’s or doctor’s degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university

Degree	Major Field
College or University	



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B. Supervised full-time medical physics training and work experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements of an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements of an Authorized Medical Physicist.



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C. 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 Training / Experience	Location of Training & License Number of Facility & Medical Device(s) Used +	Dates of Training *	Dates of Work Experience *
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spotchecks of external beam treatment unit(s)			
Performing full calibration and periodic spotchecks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spotchecks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote afterloading unit(s)			

Supervising Individual**	License number listing the supervising individual as an Authorized Medical Physicist
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The supervising individual is authorized on the license for the following types medical uses:

3701:1-58-55 Remote Afterloader 3701:1-58-55 Teletherapy
 3701:1-58-55 Gamma Stereotactic Surgery 3701:1-58-72 _____

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of full-time medical physics training and 1 year of full-time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the license must submit evidence that the supervising medical physicist meets the training and experience requirements in OAC rules 3701:1-58-19 and 3701:1-58-22 for the types of use for which the individual is seeking authorization.



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D. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates of Training		
Types medical uses	<input type="checkbox"/> Remote Afterloader	<input type="checkbox"/> Teletherapy	<input type="checkbox"/> Gamma Stereotactic Radiosurgery
Hands –on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			

Authorized Sought	Device	Training Provided By	Dates of Training
3701:1-58-43 Ophthalmic Use of Strontium-90			
3701:1-58-72 Emerging Technologies (<i>attach additional training and experience documentation</i>)			

Supervising Individual	License number listing the supervising individual
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The supervising individual is authorized on the license for the following types medical uses:

3701:1-58-43 Ophthalmic Use of Strontium-90 3701:1-58-55 Teletherapy Unit(s)
 3701:1-58-55 Remote Afterloader Unit(s) 3701:1-58-55 Gamma Stereotactic Surgery Unit(s)
 3701:1-58-72 _____

E. Skip to and complete Part II Preceptor Attestation.



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4. **Education, Training, and Experience for Proposed Ophthalmic Physicist**

A. Complete the table below to document education:

Degree	Major Field
College or University	

B. Supervised full-time medical physics training and work experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics under the supervision of _____ medical physicist at _____

AND

Yes. Completed 1 year of full-time work experience in medical physics under the supervision of _____ medical physicist at _____

C. Complete the table below to document training and supervised work experience. *(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page)*

Description of Training	Location of Training License Number of Training Facility	Dates of Training
The creating, modifying, and completing written directives.		
Procedures for administrations requiring a written directive		
Performing the calibration measurements of brachytherapy sources as detailed in 3701:1-58-48		
Supervising Individual	License Number – <i>For which supervision was performed</i>	

D. Stop here.



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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.

- I attest that _____ has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by 3701:1-58-19(B)(1).
- I attest that _____ has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system as required by 3701:1-58-19(C).
- I attest that _____ is able to independently fulfill the radiation safety related duties as an Authorized Medical Physicist for the following:
 - 3701:1-58-43 Ophthalmic us of Strontium-90 3701:1-58-55 Teletherapy
 - 3701:1-58-55 Remote Afterloader 3701:1-58-55 Gamma stereotactic radiosurgery
 - 3701:1-58-72

AND

- I meet the requirements in OAC rule 3701:1-58-19, 3701:1-58-21 or equivalent NRC or Agreement State requirements for Authorized Medical Physicist for the following:
 - 3701:1-58-43 Ophthalmic us of Strontium-90 3701:1-58-55 Teletherapy
 - 3701:1-58-55 Remote Afterloader 3701:1-58-55 Gamma stereotactic radiosurgery
 - 3701:1-58-72

Name of Facility:		License Number: – <i>Please provide a copy of the license if not an Ohio issued license</i>
Name of Preceptor - Typed or Printed	Contact Information - Telephone Number and Email	
Signature:		Date: