Ohio Department of Health
AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
[for uses defined under OAC 3701:1-58-43 and 3701:1-58-55]

Name of Individual:	
Please confirm proposed individual has an active State of Ohio Medical Board license: ☐ Yes ☐ No *If "Yes", continue to the next step. If "No", stop until license is acquired.*	
Requested Authorizations(s)	☐ 3701:1-58-43 Manual brachytherapy ☐ 3701:1-58-55 Teletherapy ☐ 3701:1-58-43 Ophthalmic use of Sr -90 ☐ 3701:1-58-55 Gamma stereotactic radiosurgery ☐ 3701:1-58-55 Remote afterloader units ☐ 3701:1-58-72 _____

PART I – TRAINING AND EXPERIENCE

(*select one of the three 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. For OAC 3701:1-58-55, go to Table 2.A. 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 3701:1-58-55 Authorized User Seeking Additional Authorization for 3701:1-58-55 Use(s)**

A. Complete table below to document training for new device and then complete Part II Preceptor Attestation

Description of Training	**Training Provider and Dates**			
	Remote Afterloader	**Teletherapy**	**Gamma Stereotactic Radiosurgery**	**Other**
Device operation				
Safety procedures for the device use				
Clinical use of the device				

Supervising Individual ☐ Authorized User ☐ Authorized Medical Physicist ☐ Vendor	**License Number** - *for which supervision was performed, please provide a copy of the license if not an Ohio issued license.*

I am authorized for the following types of use:

☐ Remote Afterloader ☐ Teletherapy ☐ Gamma Stereotactic Radiosurgery Unit

☐ 3701:1-58-72 _____

☐ **3**. **Training and Experience for Proposed Authorized User**

A. Classroom and Laboratory Training for:

☐ OAC 3701:1-58-51 Manual Brachytherapy

☐ OAC 3701:1-58-52 Ophthalmic Use

☐ OAC 3701:1-58-71 HDR, Gamma Stereotactic Radiosurgery, Teletherapy

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 training:			

☐ For Manual Brachytherapy, complete section B and Part II Preceptor Attestation.

☐ For Strontium 90, complete section C and Part II Preceptor Attestation.

☐ For HDR, Gamma Stereotactic Radiosurgery, Teletherapy, complete section D and Part II Preceptor Attestation.

☐ For additional New and Emerging Technology permitted by OAC 3701:1-58-72, please complete any applicable sections and provide additional training documentation required per current NRC guidance and complete Part II Preceptor Attestation.

B. Supervised Work and Clinical Experience for OAC 3701:1-58-51 – **Manual Brachytherapy** *If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section. please provide a copy of the license if not an Ohio issued license.*

Description of Experience must include:	**Location of Experience & License Number of Facility**	**Dates of Experience**
Ordering, receiving, and unpacking radioactive materials safely and performing therelated 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 medical event involving the use of radioactivematerial		
Using emergency procedures to control radioactive materials		
Clinical experience in radiation oncology as part of an approved formal training program **Clinical experience approved by:** ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		
Total Hours of Work Experience:		
Supervising Individual – Must be listed as an Authorized User of the same type of use supervising	**License Number** – *for which supervision was performed, please provide a copy of the license if not an Ohio issued license.*	

C. Supervised clinical experience for OAC 3701:1-58-52 – **Ophthalmic Use of Strontium-90**

Description of Experience	Location of Experience / LicenseNumber 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 doseto be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual – Must be listed as an Authorized User of the same type of use supervising	**License Number** – *for which supervision was performed, please provide a copy of the license if not an Ohio issued license.*		

D. Supervised Work and Clinical Experience for OAC 3701:1-58-71 – *Complete device training on next page.*

☐ **Remote Afterloader** ☐ **Teletherapy Unit** ☐ **Gamma Stereotactic Radiosurgery Unit**

Description of Experience Must Include:	Location of Experience / License Number of Facility	Dates of Experience
Reviewing full calibration measurements and periodic spot-checks		
Preparing treatment plans and calculating treatment doses andtimes		
Using administrative controls to prevent a medical event involvingthe use of radioactive material		
Implementing emergency procedures to be followed in the event of the abnormal operation ofthe medical unit or console		
Checking and using survey meters		
Selecting the proper dose and how it is to be administered		
Clinical experience in radiation oncology as part of an approved formal training program **Clinical experience approved by:** ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		
Total Hours of Work Experience:		
Supervising Individual – Must be listed as an Authorized User of the same type of use supervising	**License Number** – *for which supervision was performed, please provide a copy of the license if not an Ohio issued license.*	

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Description of Training	Training Provider and Dates			
	Remote Afterloader	**Teletherapy**	**Gamma Stereotactic Radiosurgery**	**Other**
Device operation				
Safety procedures for the device use				
Clinical use of the device				

Supervising Individual	**License Number** - *for which supervision was performed, please provide a copy of the license if not an Ohio issued license.*
☐ Authorized User ☐ Authorized Medical Physicist ☐ Vendor	

I am authorized for the following types of use:

☐ Remote Afterloader ☐ Teletherapy ☐ Gamma Stereotactic Radiosurgery Unit

☐ 3701:1-58-72 _____

If finished, 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

For OAC 3701:1-58-51 - Manual Brachytherapy:

☐ I attest that_____has satisfactorily completed the 200 hours of classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervisedclinical experience in radiation oncology, as required by 3701:1-58-51(B)(1) and (B)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under 3701:1-58-43.

For OAC 3701:1-58-52 - Ophthalmic Use of Strontimum-90:

☐ 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 3701:1-58-52(B)(1) and (B)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

For OAC 3701:1-58-71 Remote Afterloader, Teletherapy, Gamma Stereotactic Radiosurgery Unit

I attest that _____
(Name of Proposed Authorized User)

☐ Has satisfactorily completed 200 hours of classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinic experience in radiation therapy as required by 3701:1-58-71(B)(1) and B(2);

AND

☐ Has received training required in 3701:1-58-71(C) for device operation, safety procedures and clinic use for the type of use for which authorization is sought, as checked below;

AND

☐ Is able to independently able to fulfill the radiation safety-related duties as an authorized user for:

☐ Remote Afterloader ☐ Teletherapy Unit ☐ Gamma stereotactic radiosurgery unit

For Additional OAC 3701:1-58-72 New and Emerging Technology

I attest that _____
(Name of Proposed Authorized User)

☐ Has satisfactorily completed requirements for the following type of use:

3701:1-58-72 _____,
as outlined in the following NRC guidance *(state guidance, revision number, and release date):*

NRC Guidance _____,
and is able to independently fulfill the radiation safety-related duties as an authorized user for this type of use.

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Complete the following preceptor attestation and signature:

☐ **Authorized User:**

I meet the requirements in 3701:1-58-51, 3701:1-58-52 and 3701:1-58-71, as an authorized user for:

☐ 3701:1-58-43 Manual Brachytherapy

☐ 3701:1-58-55 Remote afterloader

☐ 3701:1-58-55 Teletherapy

☐ 3701:1-58-43 Ophthalmic us of Strontium-90

☐ 3701:1-58-55 Gamma stereotactic radiosurgery

☐ 3701:1-58-72 _____

OR

☐ **Residency Program Director:**

☐ 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:

☐ 3701:1-58-43 Manual Brachytherapy

☐ 3701:1-58-55 Remote afterloader

☐ 3701:1-58-55 Teletherapy

☐ 3701:1-58-43 Ophthalmic us of Strontium-90

☐ 3701:1-58-55 Gamma stereotactic radiosurgery

☐ 3701:1-58-72 _____

☐ I affirm that this facility 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 on Post-Graduate Training of the American Osteopathic Association

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

☐ 3701:1-58-51 ☐ 3701:1-58-52 ☐ 3701:1-58-71

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:**