

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[420-3-26-.07(27)]**

Name of Proposed Authorized Medical Physicist

Requested Authorization(s) (check all that apply) .07(69) Ophthalmic use of strontium-90 .07(89) Teletherapy unit(s)
 .07(89) Remote afterloader unit(s) .07(89) Gamma stereotactic radiosurgery unit(s)

**PART I -- TRAINING AND EXPERIENCE
(Select one of the three 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. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
 - c. Skip to and complete Part II Preceptor Attestation.
- 2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**
 - a. Go to the table in section 3.c. to document training for new device.
 - b. Skip to and complete Part II Preceptor Attestation
- 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 | |

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 0.9 MeV) 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 for 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 for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

| Description of Training/ Experience | Location of Training/License or Permit Number of Training Facility/Medical Devices 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 spot checks of external beam treatment unit(s) | | | |
| Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s) | | | |
| Performing full calibration and periodic spot checks of remote afterloading unit(s) | | | |
| Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s) | | | |

Supervising Individual** _____ 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)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 0.9 MeV) 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 licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in Rules 420-3-26-.07(27) and (30) for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. 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 |
| Hands-on device operation | | | |
| Safety procedures for the device use | | | |
| Clinical use of the device | | | |
| Treatment planning system operation | | | |

Supervising Individual _____ License/Permit Number which lists the supervising individual as an authorized Medical Physicist

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.)

for the following types of use:

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

If Applicable:

| Authorization Sought | Device | Training Provided By | Dates of Training |
|--|--------|----------------------|-------------------|
| .07(60) Ophthalmic Use of strontium-90 | | | |

d. Skip to and complete Part II Preceptor Attestation.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor may have been the supervising individual, or may have provided, directed, or verified all 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:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
 420-3-26-.07(27)(a).

OR

2. Education, Training, and Experience

I attest that _____ has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
 training in medical physics and an additional year of full-time work experience as required by
 420-3-26-.07(27)(b)(1).

AND

Second Section

Complete the following:

I attest that _____ has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
 is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a
 treatment planning system.

AND

Third Section

Complete the following:

I attest that _____ has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
 function independently as an Authorized Medical Physicist for the following:

- .07(69) Ophthalmic use of strontium-90 .07(89) Teletherapy unit(s) .07(68) Manual brachytherapy
 .07(89) Remote afterloader unit(s) .07(89) Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 420-3-26-.07(27), or equivalent Agreement State or NRC requirements for
 Authorized Medical Physicist for the following:

- .07(69) Ophthalmic use of strontium-90 .07(89) Teletherapy unit(s) .07(68) Manual brachytherapy
 .07(89) Remote afterloader unit(s) .07(89) Gamma stereotactic radiosurgery unit(s)

| | | | |
|-------------------|-----------|------------------|------|
| Name of Preceptor | Signature | Telephone Number | Date |
|-------------------|-----------|------------------|------|

License/Permit Number/Facility Name