



**APPENDIX 3  
 REMOTE AFTERLOADER, GAMMA STEREOTACTIC RADIOSURGERY  
 MANUAL BRACHYTHERAPY, OPHTHALMIC USE OF STRONTIUM-90,  
 TELETHERAPY UNIT**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION  
 (for uses defined under 64E-5.632 and .634) [64E-5.652, .653, and .655]**

Name of Proposed Authorized User	State or Territory Where Licensed
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**Requested Authorization(s) (check all that apply)**

.632 Manual brachytherapy sources     
  .634(2) Remote afterloader unit(s)  
 .632(2) Ophthalmic use of strontium-90     
  .634(3) Teletherapy unit(s)  
 .634(1) 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** <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>
- a. Provide a copy of the board certification.
- b. For 64E-5.634, go to the table in 3.e. 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 64E-5.634 Authorized User Requesting Additional Authorization for 64E-6.634 Use(s) Checked Above**
- a. Go to the table in section 3.e. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation.
- 3. Training and Experience for Proposed Authorized User**
- a. Classroom and Laboratory Training   
 64E-5.652   
 64E-5.653   
 64E-5.655

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:**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION  
(for uses defined under 64E-5.632 and .634) [64E-5.652, .653, and .655] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work and Clinical Experience for 64E-5.652 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total Hours of Work Experience</b>			
Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility		Dates of Experience*
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 64E-5.632 and .634) [64E-5.652, .653, and .655] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

c. Supervised Clinical Experience for 64E.653

Description of Experience	Location of Experience/License or Permit Number 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 dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 64E-5.655

- .634(1) Gamma stereotactic radiosurgery unit(s)       .634(2) Remote afterloader unit(s)  
 .634(3) Teletherapy unit(s)

Description of Experience	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing treatment plans and calculating treatment doses and times		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Total Hours of Work Experience**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 64E-5.632 and .634) [64E-5.652, .653, and .655] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

d. Supervised Work and Clinical Experience for 64E-5.655 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

e. For 64E-5.634, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Gamma Stereotactic Radiosurgery .634(1)	Remote Afterloader .634(2)	Teletherapy .634(3)
Device operation			
Safety procedures for the device use			
Clinical use of the device			
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an Authorized User	
Authorized for the following types of use: <input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 64E-5.632 and .634) [64E-5.652, .653, and .655] (continued)**

**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, or verifies 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."

**First Section**

Check one of the following for each requested authorization:

**For 64E-5.652:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in

Name of Proposed Authorized User

64E-5.652(1)(a) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 64E-5.632.

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed the 200 hours of

Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 64E-5.652(2)(a) and (2)(b), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 64E-5.632.

**For 64E-5.653:**

I attest that \_\_\_\_\_ has satisfactorily completed the 24 hours of

Name of Proposed Authorized User

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 64E-5.653(2), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For 64E-5.655:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in

Name of Proposed Authorized User

64E-5.655(1)(a).

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed 200 hours of classroom

Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 64E-5.655(2)(1) and (2)(2).

**AND**

