STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

REGULATORY GUIDE

Regulatory Guide 3.5
Issuance Date: August 2014
Revision 2

General Instructions and Guidance for documenting Training and Experience for Proposed Authorized Users

Preceptor Attestation for Medical Authorized Users

Regulatory guides are issued to describe and make available to the public acceptable methods of implementing specific parts of Chapter 64E-5, Florida Administrative Code ("State of Florida Control of Radiation Hazard Regulations") to delineate techniques used by the staff in evaluating specific problems or postulating accidents, or to provide guidance to applicants or licensees. Regulatory guides are not a substitute for regulations and compliance with them is not required unless specifically referenced in a radioactive materials license. Methods or solutions different from those set forth in the guides will be acceptable if they provide a basis for the Bureau of Radiation Control to make necessary determinations to issue, renew, amend, or terminate a license, or to establish standards of protection.

Guides are issued in the following six broad categories:

1) License Application Guides
2) Inspection and Enforcement
3) General Health Physics
4) Radioactive Waste
5) Transportation
6) General

Written comments and suggestions for improvements to regulatory guides are encouraged at all times. Guides will be revised, as appropriate, to accommodate comments and to reflect new information or experience. Comments, or requests for single copies or issued guides (which may be reproduced) should be sent to: Department of Health, Bureau of Radiation Control, Radioactive Materials Section, 4052 Bald Cypress Way, Bin C21, Tallahassee, FL 32399-1741.

TABLE OF CONTENTS

I. INTRODUCTION

A. PURPOSE OF GUIDE

This guide is intended for applicants who are requesting to be listed on a radioactive materials license as an authorized user of radioactive materials for medical purposes. It contains instructions to select and prepare the appropriate application form(s) for the authorized use(s) being requested. These forms document the applicants training and experience and must include the preceptor's attestation of this training.

B. APPLICABLE REGULATIONS

The following medical sections of Chapter 64E-5, Florida Administrative Code (F.A.C.), should be used in conjunction with these instructions:

- Uptake, Dilution, and Excretion "64E-5.649, Florida Administrative Code"
- Imaging and Localization "64E-5.650, Florida Administrative Code"
- Radiopharmaceuticals for Therapy "64E-5.651, Florida Administrative Code"
- Remote Afterloader "64E-5.655, Florida Administrative Code"
- Gamma Stereotactic Radiosurgery "64E-5.655, Florida Administrative Code"
- Manual Brachytherapy "64E-5.652, Florida Administrative Code"
- Ophthalmic use of Strontium-90 "64E-5.653, Florida Administrative Code"
- Teletherapy Unit "64E-5.655, Florida Administrative Code"
- Radiation Safety Officer "64E-5.648, Florida Administrative Code"
- Authorized Medical Physicist "64E-5.656, Florida Administrative Code"

Each of these medical uses requires specific training and this guide provides multiple pathways for documenting the required training and experience for each type of use. This guide represents the minimum documentation necessary to comply with the regulatory requirements which can be found in the above referenced rule.

C. PURPOSE OF APPENDICES

Each appendix consists of two parts: 1) the instructions and 2) the form. The instructions contain guidance for completing each item on the form. All relevant items on the form must be completed and appropriately signed where indicated. Incomplete items will delay the approval of the application. Depending on the type and number of authorized uses being requested, it may be necessary to complete and submit several of the forms to be granted the requested authorized uses.

II. GENERAL INSTRUCTIONS

Name of Individual

Provide the individual's complete name so that The State of Florida can distinguish the training and experience received from that received by others with a similar name.

Note: Do not include personal or private information (e.g., date of birth, social security number, home address, personal phone number) as part of your qualification documentation.

Professional Licensure

The State of Florida requires physicians, dentists, podiatrists, and pharmacists to be licensed by Florida to prescribe drugs in the practice of medicine, practice dentistry, practice podiatry, or practice pharmacy, respectively. Definitions of "physician," "dentist," "podiatrist," and "pharmacist" can be found in the Florida Department of Health, Division of Medical Quality Assurance website - FloridaHealth.gov/licensing-and-regulation/index.html.

Requested Authorization(s)

Check all authorizations that apply to you and fill in the blanks as provided.

PART I. TRAINING AND EXPERIENCE

There are always multiple pathways provided for each training and experience section. Select the applicable one.

A. ITEM 1 Board Certification

The applicant may use this pathway if the individual is certified by a board recognized by the State of Florida and the NRC (to confirm that the board is recognized, see NRC's web page NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html.

Note: An individual that is board eligible will not be considered for this pathway until the individual is actually board-certified. Further, individuals holding other board certifications will not be considered for this pathway.

The applicant will need to provide a copy of the board certification and other documentation of training, experience, or clinical casework as indicated on the applicable preceptor attachment.

All applicants under this pathway (except for 64E-5.631 Sealed Sources for Diagnosis) must submit a completed Part II Preceptor Attestation.

B. ITEM 2 Currently Authorized Individuals Seeking Additional Authorizations

Provide the information requested for training, experience, or clinical casework as indicated on the specific preceptor attachment. (**Note:** This section does not include individuals who are authorized only on foreign licenses.)

All applicants under this pathway must submit a completed Part II Preceptor Attestation.

C. ITEM 3 Alternate Pathway for Training and Experience for Proposed Applicant

This pathway is used by those individuals not listed on a license as an authorized individual, who do not meet the requirements for the board certification pathway.

The regulatory requirements refer to two categories of training: (a) classroom and laboratory training, and (b) supervised clinical experience. All hours credited to classroom and laboratory training must relate directly to radiation safety and safe handling of byproduct material and allocated to one of the topics in the regulations. Each hour of training involving performance of radiation safety tasks or hands-on use of byproduct material may be credited to either (a) classroom and laboratory training, or (b) supervised work experience. Please note that a single hour of training may only be counted once and may not be credited to both of these categories.

The proposed authorized individual may receive the required classroom and laboratory training, supervised work experience, and clinical casework at a single training facility or at multiple training facilities: therefore, space is provided to identify each location and dates of training or experience. Dates should be provided in the month/day/year (mm/dd/yyyy) format.

The specific number of hours needed for each training and supervised work experience element will depend upon the type of approval sought. Under the “classroom and laboratory training,” provide the number of clock hours spent on each of the topics listed in the regulatory requirements.

The applicant may obtain the required “classroom and laboratory training” in any number of settings, locations, and educational situations. For example, at some medical teaching/university institutions, a course may be provided for that particular need and taught in consecutive days. In other training programs, the period may be a semester or quarter as part of the formal curriculum. Also, the classroom and laboratory training may be obtained using a variety of other instructional methods. Therefore, the State of Florida will broadly interpret “classroom and laboratory training” to include various types of instruction, including online training, as long as it meets the specific clock hour requirements and the subject matter relates to radiation safety and safe handling of byproduct material for the uses requested.

C. ITEM 3 Alternate Pathway for Training and Experience for Proposed Applicant (Continued)

Under the “supervised work experience” sections of the forms, provide only the total number of hours of supervised work experience and check the boxes for each of the topics listed in the regulatory requirements, to confirm that the listed subject areas were included in the supervised work experience.

The “supervised work experience” for physicians must include, but is not limited to, the subject areas listed in the applicable training and experience requirements. The State of Florida recognizes that physicians in training will not dedicate all of their supervised work experience time specifically to the subject areas listed in the regulatory requirements and will be attending to other clinical activities involving the medical use of byproduct material (e.g., reviewing case histories or interpreting scans). Hours spent on these other duties not directly related to radiation safety or hands-on use of byproduct material, even though not specifically required by the State of Florida, may be credited to the supervised work experience category but not to the classroom and laboratory training category.

Note: If the applicant had more than one supervisor, provide the information requested for each supervising individual.

PART II. PRECEPTOR ATTESTATION

The State of Florida defines the term “preceptor” in 64E-5.6011, F.A.C. “Definitions, ”to mean” an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, or a Radiation Safety Officer.” While the supervising individual for the clinical experience may also be the preceptor, the preceptor does not have to be the supervising individual as long as the preceptor directs or verifies the required training and experience. The preceptor must attest in writing regarding the training and experience of the applicant to serve as an authorized individual and attest that the individual has satisfactorily completed the appropriate training and experience criteria and has achieved a level of competency or a level of radiation safety knowledge sufficient to function independently. Preceptors must meet specific requirements.

The State of Florida allows for supervised work experience conducted under the supervision of an authorized individual in a licensed material use program. In this case, a supervisor is an individual who provides frequent direction, instruction, and direct oversight of the student as the student completes the required work experience in the use of byproduct material.

Supervision may occur at various types of licensed facilities, from teaching university hospital to a small private practice.

The Preceptor Attachments Part II - Preceptor Attestation has multiple sections. The preceptor must complete and sign the attestation of the applicants training, experience, and competency to function independently, as well as provide information concerning his/her own qualifications. Because there are a number of different pathways to obtain the required training and experience for different authorized individuals, specific instructions are provided below for each Preceptor Attachment.

Appendix 1

"Written Directive NOT Required" [Uptake, Dilution, and Excretion], [Imaging and Localization] [Sealed Sources for Diagnosis]

Note: Preceptor Attestation for uses defined under 64E-5.626(1), .627(1), .628 and .631 and training and experience under 64E-5.649, .650, and .654

PART I. Training and Experience - select one of the three methods below:

ITEM 1. Board Certification

Provide the requested information (i.e., a copy of the board certification and completed Preceptor Attestation). As indicated on the form, additional information is needed if the board certification occurred more than 7 years ago.

ITEM 2. Current 64E-5.660 Authorized User Seeking Additional 64E-5.650 Authorization

(a) Fill in the blank in Section 2.a with the current license number on which the proposed user is listed.

(b) Provide a description of the proposed user's experience that meets the requirements of64E-5.650(3)(a)(2)(g)(generators) as shown in the table in 2.b. As indicated on the form, additional information is needed if this experience was obtained more than 7 years ago.

List each supervising individual by name and include the license showing the supervising individual as an authorized user.

ITEM 3. Training and Experience for Proposed Authorized Users

As indicated on the form, additional information is needed if the training and/or work experience was completed more than 7 years ago.

Note: Providing the training and experience information required under 64E-5.650 (Imaging and Localization non written directive) will allow the individual to be authorized to use materials permitted by both 64E-5.626(1) and 64E-5.627(1).

Submit a completed Section 3.a for each proposed authorized use.

Submit a completed Section 3.b, except for 64E-5.631 uses. If the proposed user had more than one supervisor, provide the information requested in Section 3.b for each supervising individual.

Submit a completed Section 3.c for 64E-5.631 uses.

Submit a completed Preceptor Attestation, except for 64E-5.631 uses.

PART II. Preceptor Attestation

The Preceptor Attestation page has two sections.

The attestations for training and experience requirements in 64E-5.649 and 64E-5.650 are found in the first section.

The second and final section requests specific information about the preceptor's authorization(s) to use licensed material, in addition to the preceptor's signature.

The preceptor must fill out both sections.

Note: The attestation to the proposed user's training and competency to function independently under 64E-5.649 covers the use of material permitted by 64E-5.626(1) only. The attestation to the proposed user's training and competency to function independently under 64E-5.650 training will allow the individual to be authorized to use material permitted by both 64E-5.626(1) and 64E-5.627(1)

APPENDIX 1

Written Directive NOT Required

UPTAKE, DILUTION, AND EXCRETION IMAGING AND LOCALIZATION
NOT REQUIRING WRITTEN DIRECTIVE LESS THAN 30 MICROCURIES OF NaI-131

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 64E-5.626(1), .627(1), .628 and .631) [64E-5.649, .650, and .654]

Name of Proposed Authorized User	Florida Medical License Number

Requested Authorization(s) *(check all that apply)*

☐ 64E-5.626(1)Uptake, dilution, and excretion studies ☐ 64E-5.627(1) Imaging & Localization

☐ 64E-5.631 Sealed sources for diagnosis (specify device_____)

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:** NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

a. Provide a copy of the board certification.
b. If using only 64E-5.631 materials, stop here. If using 64E-5.626 and 64E-5.627 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 64E-5.660 Authorized User Seeking Additional 64E-5.650 Authorization**

a. Authorized user on a Materials License meeting 64E-5.660 or equivalent NRC or Agreement State requirements seeking authorization for 64E-5.650.
b. Supervised Work 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 Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience: _____	
Supervising Individual	**License/Permit Number listing supervising individual as an authorized user**
Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*. ☐ 64E-5.650 ☐ 64E-5.660 ☐ 64E-5.650(3)(a)(2)(g)(generators)	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATESTATION for uses defined under 64E-5.626(1), .627(1), .628 and .631, 64E-5.649, .650, and .654

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

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			
Chemistry of byproduct material for medical use *(not required for 64E-5.654)*			
Radiation biology			
Total Hours of Experience: _____			

b. Supervised Work Experience (completion of this table is not required for 64E-5.654). (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervise Work Experience	**Total Hours of Experience:**

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATESTATION for uses defined under 64E-5.626(1), .627(1), .628 and .631, 64E-5.649, .650, and .654

3. Training and Experience for Proposed Authorized User

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Administering dosages of radioactive drugs to patients or human research subjects		☐ Yes ☐ No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclide purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		☐Yes ☐ No	

Supervising Individual	**License/Permit Number listing supervising individual as an authorized user**

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☐ 64E-5.649 ☐ 64E-5.650 ☐ 64E-5.660 ☐ 64E-5.650(3)(a)(2)(g)(generators)

c. For 64E-5.654 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 64E-5.631 uses only, stop here. For 64E-5.626 and 64E-5.627 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATESTATION for uses defined under 64E-5.626(1), .627(1), .628 and .631; 64E-5.649, .650, and .654

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.

(Not required to meet training requirements in 64E-5.654)

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 use requested:

For 64E-5.626(1)

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

64E-5.649(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 64E-5.626.

OR

Training and Experience "Non Written Directive

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 64E-5.649(3), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 64E-5.626.

For 64E-5.627(1)

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

64E-5.650(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 64E-5.626 and 64E-5.627.

OR

Training and Experience "Non Written Directive

☐ I attest that _____ has satisfactorily completed the 700 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 80 hours of classroom and laboratory training, required by 64E-5.650(3)(a), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 64E-5.626 and 64E-5.627.

Second Section

Complete the following for preceptor attestation and signature:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 64E-5.649 ☐ 64E-5.650 ☐ 64E-6.660 ☐ 64E-5.650(3)(a)(2)(g)(generators)

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

Appendix 1A

Board Certification for Written and Non-Written Directive
Diagnostic Nuclear Medicine and Therapeutic Oral administration of Iodine 131

Diagnostic uses are defined under Florida Administrative Code Sections 64E-5. 64E-5.626(1), 64E-5.626(2), 64E-5.627(1) and 64E-5.627(2)

Training and experience requirements for use with Appendix 1A are specified under 64E-5.649(1) and 64E-5.650(1)

Therapeutic uses for orally administered Iodine 131 are defined under Florida Administrative Code Sections 64E-5.630(2) and 64E-5.630(3)

Training and experience requirements for use with Appendix 1A are specified under 64E-5.661(1) and 64E-566(2).

PART I. Training and Experience

Board certification must have been obtained within the 7 years preceding the date of application. Provide a copy of the specialty board certificate. Verify that the Certification Document meets the NRC certificate descriptions and limitations at: NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

Note that Board Certificates that do not meet the U.S. Nuclear Regulatory Commission's specifications will not be accepted with Appendix 1A.

PART II. Preceptor Attestation

The signatory preceptor may be the preceptor authorized user, the residency program director for the training facility, or an authorized user for the same uses represented on the attestation, who verifies the training of the proposed authorized user.

- The name of the preceptor is legibly printed next to the preceptor's signature.
- The document is dated when signed.
- The facility license name and radioactive materials license number where the preceptor is named as an authorized user are provided under the preceptor's name and signature.
- A contact telephone number is provided.
- The preceptor indicates their use authorizations.

APPENDIX 1A

Board Certified Physician

UPTAKE, DILUTION, AND EXCRETION
IMAGING AND LOCALIZATION

Name of Proposed Authorized User	Florida Medical License Number

Requested Authorization(s) *(check all that apply)*

- ☐ 64E-5.626(1) Uptake, dilution and excretion studies (Not requiring a written directive)
- ☐ 64E-5.626(2) Uptake, dilution and excretion studies (Written directive required)
- ☐ 64E-5.627(1) Imaging and localization studies (Not requiring a written directive)
- ☐ 64E-5.627(2) Imaging and localization studies (Written directive required)

PART I -- TRAINING AND EXPERIENCE

Board certification must have been obtained within the 7 years preceding the date of application.

Board Certification

Provide a copy of the specialty board certificate. Verify that the Certification Document meets the NRC certificate descriptions and limitations at: NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the preceptor authorized user. The preceptor authorized user does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required.

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

Section A

Check the following for each requested authorization:

For 64E-5.626(1) and/or 64E-5.627(1)

☐ I attest that the proposed authorized user has satisfactorily completed the requirements in 64E-5.649(1) and/or 64E-5.650, Florida Administrative Code, (F.A.C.), and has achieved a level of competency to function independently as an authorized user for the medical uses authorized under 64E-5.626(1) and/or 64E-5.627(1), F.A.C.

For 64E-5.626(2) and/or 64E-5.627(2)

☐ I attest that the proposed authorized user has satisfactorily completed the requirements in 64E-5.661(1), F.A.C. and has achieved a level of competency to function independently as an authorized user for the medical uses authorized under 64E-5.626(2) and/or 64E-5.627(2), F.A.C.

Section B

☐ I am currently an authorized user under the following, or equivalent NRC or Agreement state authorizations:

☐ 64E-5.626(1) ☐ 64E-5.626(2) ☐ 64E-5.627(1) ☐ 64E-5.627(2)

Name of Preceptor (Please Print)	**Signature**	**Date**

Facility Name and License/Permit Number	**Telephone Number**

Appendix 2

"Written Directive Required" [Uptake, Dilution, and Excretion], [Imaging and Localization] [Radiopharmaceuticals for Therapy]

Note: Preceptor Attestation for uses defined under 64E-5.626, .627, .630 and training and experience under 64E-5.660, .661, .662 and .663

Part I. Training and Experience - select one of the three methods below:

ITEM 1. Board Certification

If the applicant is a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under 35.300 on NRC's website, provide the requested information (i.e., a copy of the board certification, documentation of supervised clinical experience (complete the table in section 3.c), and completed Preceptor Attestation). As indicated on the form, additional information is needed if the board certification or supervised clinical experience occurred more than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If the applicant is a radiation oncologist whose board certification is not listed under10 CFR 35.300 on NRC's website, provide the requested information (i.e., a copy of the board certification listed under either 10 CFR 35.400 or 10 CFR 35.600 on NRC's website, documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in Sections 3.a and 3.b), documentation of supervised clinical experience (complete the table in Section 3.c), and completed Preceptor Attestation). As indicated on the form, additional information is needed if the board certification, training and supervised work experience or clinical experience occurred more than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

ITEM 2. Current 64E-5.630, 64E-5.632, or 64E-.634 Authorized User Seeking Additional Authorization

Submit a completed Section 2.a, listing the license number and the user's current authorizations.

If the applicant is currently authorized for a subset of clinical uses under 64E-5.630, submit the requested information (i.e., complete the table in Section 3.c to document the new supervised clinical case experience and the completed Preceptor Attestation). As indicated on the form, additional information is needed if the clinical case experience occurred more than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If the applicant is currently authorized under 64E-5.652 or 64E-5.655 and meets the requirements in 64E-5.663, submit the requested information (i.e., documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in Sections 3.a and 3.b); documentation of supervised clinical experience (complete the table in Section 3.c); and completed Preceptor Attestation)). As indicated on the form, additional information is needed if the training and supervised work experience or clinical experience occurred more than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

Appendix 2 “continued”

ITEM 3. Training and Experience for Proposed Authorized Users

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed section 3.a.

Submit a completed section 3.b. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed section 3.c for each requested authorization. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed Preceptor Attestation in Part II.

Part II. Preceptor Attestation

The Preceptor Attestation page has five sections.

The attestations for training and experience requirements in 64E-5.660, 64E-5.661, and 64E-.662 are in the first section.

The attestation for supervised clinical experience is in the second section.

The attestations for competency to function independently as an authorized user for specific uses is in the third section.

The attestation for training and experience requirements and competency to function independently for a radiation oncologist meeting the requirements in 64E-5.663 is in the fourth section.

The fifth and final section requests specific information about the preceptor’s authorization(s) to use licensed material, in addition to the preceptor’s signature.

There are seven possible categories of individuals seeking authorized user status under this form. Follow the instructions for the applicable category.

The preceptor for a proposed authorized user who is a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under 10 CFR 35.390 on NRC’s website must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for all the uses listed in 64E-5.660(2)(g) who is a radiation oncologist with a board certification that is not listed under 10 CFR 35.390 on NRC’s website must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for 64E-5.630(2) and .630(3) uses who is a radiation oncologist with a board certification listed under 10 CFR 35.490 or 10 CFR 35.690 on NRC’s website must complete the fourth and fifth sections of this part.

The preceptor for an authorized user who is currently authorized for a subset of clinical uses under 64E-5.630 must complete the second, third, and fifth sections of this part, except for an authorized user meeting the criteria in 64E-5.661 seeking to meet the training and experience requirements under 64E-5.662.

The preceptor for an authorized user meeting the criteria in 64E-5.661 seeking to meet the training and experience requirements under 64E-5.662 must complete the first, second, third, and fifth sections of this part.

The preceptor for an authorized user currently authorized under 64E-5.652 or 64E-5.655 and meeting the requirements in 64E-5.663 must complete the fourth, and fifth sections of this part.

The preceptor for a proposed new authorized user must complete the first, second, third and fifth sections of this part.

APPENDIX 2

Written Directive Required

UPTAKE, DILUTION, AND EXCRETION
IMAGING AND LOCALIZATION
RADIOPHARMCEUTICALS FOR THERAPY

Name of Proposed Authorized User	Florida Medical License Number

Requested Authorization(s) *(check all that apply)*

☐ 64E-5.626 Uptake, dilution, and excretion studies ☐ 64E-5.627 Imaging & Localization

☐ 64E-5.630 (1) Unsealed radiopharmaceuticals including parenteral use and sodium iodide I-131

☐ 64E-5.630 (2) Only for oral administration of sodium iodide I-131 less than or equal to 33 millicuries

☐ 64E-5.630 (3) Only for oral administration of sodium iodide I-131 greater than or equal to 33 millicuries

☐ 64E-5.630 (4) Only Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 64E-5.630 (4) Only Parenteral administration of any other radionuclide for which a written directive is required

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 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**: NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

a. Provide a copy of the board certification.

b. For 64E-5.660, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 64E-5.663, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 64E-5.630, 64E-5.632, or 64E-5.634 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 64E-5.660 ☐ 64E-5.661 ☐ 64E-5.662 ☐ 64E-5.652 ☐ 64E-5.655

b. If currently authorized for a subset of clinical uses under 64E-5.630, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 64E-5.652 or 64E-5.655 and requesting authorization for 64E-5.663, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION for uses defined under 64E-5.626, .627, and .630; 64E-5.660, .661, .662 and .633

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

a. Classroom and Laboratory Training ☐ 64E-5.660 ☐ 64E-5.661 ☐ 64E-5.662 ☐ 64E-5.663

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			
Chemistry of byproduct material for medical use			
Radiation biology			
Total Hours of Experience: _____			

b. Supervised Work Experience ☐ 64E-5.660 ☐ 64E-5.661 ☐ 64E-5.662 ☐ 64E-5.663

If more than one supervising individual is necessary to document supervised training, 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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Total Hours of Supervised Work Experience: _____			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION for uses defined under 64E-5.626, .627, and .630; 64E-5.660, .661, .662 and .633

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

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements ***(check all that apply)***:

☐ 64E-5.660 ☐ 64E-5.661 ☐ 64E-5.662 ☐ 64E-5.663	With experience administering dosages of: ☐ Only for oral administration of sodium iodide I-131 less than or equal to 33 millicuries ☐ Only for oral administration of sodium iodide I-131 greater than or equal to 33 millicuries ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive ☐ Parenteral administration of any other radionuclide requiring a written directive

***Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.*

c. Supervised Clinical Case Experience

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 giga-becquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 giga-becquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required _____ (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION for uses defined under 64E-5.626, .627, and .630; 64E-5.660, .661, .662 and .633

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements ***(check all that apply)***:

☐ 64E-5.660 ☐ 64E-5.661 ☐ 64E-5.662 ☐ 64E-5.663	With experience administering dosages of: ☐ Only for oral administration of sodium iodide I-131 less than or equal to 33 millicuries ☐ Only for oral administration of sodium iodide I-131 greater than or equal to 33 millicuries ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive ☐ Parenteral administration of any other radionuclide requiring a written directive

***Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.*

d. Provide completed Part II Preceptor Attestation.

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-5.660:

Board Certification

☐ I attest that _____ has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 64E-5.660(1)(a).

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 64E-5.660(2)(a).

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION for uses defined under 64E-5.626, .627, and .630; 64E-5.660, .661, .662 and .633

PART II – PRECEPTOR ATTESTATION (continued)

First Section (continued)

For 64E-5.661 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 64E-5.661(3)(a), and the supervised work and clinical case experience required in 64E-6.661(3)(b).

For 64E-5.662 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 64E-5.662(3)(a), and the supervised work and clinical case experience required in 64E-5(3)(b).

Second Section

☐ I attest that _____ has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 64E-5.660(2)(g) listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 giga-becquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 giga-becquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☐ I attest that _____ has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 giga-becquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 giga-becquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION for uses defined under 64E-5.626, .627, and .630; 64E-5.660, .661, .662 and .633

PART II – PRECEPTOR ATTESTATION (continued)

Fourth Section

Current 64E-5.652 or .64E-5.655 authorized user:

☐ I attest that _____ is an authorized user under 64E-5.652 or .64E-5.655
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 64E-5.663(4)(a), and the supervised work and clinical case experience required by 64E-5.663(4)(b), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral adminstration of any other radionuclide for which a written directive is required

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 64E-5.663(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 64E-5.663(4)(a) and the supervised work and clinical case experience required by 64E-5.663(4)(b), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for: ☐ 64E-5.660 ☐ 64E-5.661 ☐ 64E-5.662 ☐ 64E-5.663

☐ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 giga-becquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 giga-becquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

Appendix 2A

Board Certification For Therapeutic Uses of Nuclear Medicine, Use of Manual Brachytherapy and Use of Sealed Sources in Remote Afterloader Units, Teletherapy Units and Gamma Stereotactic Radiosurgery Units.

Note: Preceptor Attestation for uses are defined under 64E-5.630(1), .632, and .634 and training and experience under 64E-5.660(1), .652 and .655.

PART I. Training and Experience

Board certification must have been obtained within the 7 years preceding the date of application.

Provide a copy of the specialty board certificate. Verify that the Certification Document meets the NRC certificate descriptions and limitations at:

NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

For applicants seeking authorized uses under 64E-5.630(1), provide documentation of supervised clinical case experiences. The included table may be used to document this experience. Then proceed to Part II – Preceptor Attestation.

PART II. Preceptor Attestation

The Preceptor Attestation page has two sections.

The attestations for training and experience requirements in 64E-5.660(1), 64E-5.652(1) and 64E-5.655(1) are found in the first section.

The second and final section requests specific information about the preceptor's authorization(s) to use licensed material, in addition to the preceptor's signature. The preceptor must fill out both sections.

APPENDIX 2A BOARD CERTIFIED PHYSICIAN
THERAPEUTIC RADIOPHARMACEUTICAL / RADIATION ONCOLOGY
APPENDIX 2A - PRECEPTOR ATTESTATION

Name of Proposed Authorized User (Please Print)	**Florida Medical License Number**

Requested Authorization(s) *(check all that apply)*

☐ 64E-5.630 (1) Unsealed radiopharmaceuticals including parenteral use and sodium iodide I-131

☐ 64E-5.632 Use of Manual Brachytherapy

☐ 64E-5.634 Use of Sealed Sources in Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units

PART I -- TRAINING AND EXPERIENCE

Board Certification

Board certification, must have been obtained within the 7 years preceding the date of application.

Provide a copy of the specialty board certificate. Verify that the Certification Document meets the NRC certificate descriptions and limitations at: NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

For authorized uses under 64E-5.632, Florida Administrative Code, (F.A.C.), proceed to Part II – Preceptor Attestation.

For authorized uses under 64E-5.630(1), F.A.C., provide documentation of supervised clinical case experience.

The table below may be used to document this experience. Then, proceed to Part II – Preceptor Attestation.

Description of Experience	**Number of Cases Involving Personal Participation (minimum of 3)**	**Location of Experience and License or Permit Number of Facility**	**Dates of Experience**
Oral administration of sodium iodide I-131 requiring a written directive in quantities			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a			
Parenteral administration of any other radionuclide requiring a written directive: _____ (List radionuclide)			

Name of Supervising Individual (Please Print)	**Signature**	**Date**
Facility Name and License/Permit Number		**Telephone Number**

APPENDIX 2A

PART I -- TRAINING AND EXPERIENCE (continued)

For authorized uses under 64E-5.634, provide documentation of device operation, safety procedures and clinical use for the type(s) of use for which authorization is sought. The table below may be used to document this experience. Then proceed to Part II – Preceptor Attestation.

Vendor Name	Device Model Number and Isotope	Location of Experience and License or Permit Number of Facility	Dates of Training

Name of Supervising Individual (Please Print)	Signature	Telephone Number	Date

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the preceptor authorized user. The preceptor authorized user does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required.

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

Section A

Check the following for each requested authorization:

64E-5.630(1) Therapeutic Radiopharmaceuticals

☐ I attest that the proposed authorized user has satisfactorily completed the requirements in 64E-5.660(1), F.A.C. and has achieved a level of competency to function independently as an authorized user for the medical uses authorized under 64E-5.630(1), F.A.C.

64E-5.632 Manual Brachytherapy

☐ I attest that the proposed authorized user has satisfactorily completed the requirements in 64E-5.652(1), F.A.C. and has achieved a level of competency to function independently as an authorized user for the medical uses authorized under 64E-5.632, F.A.C.

64E-5.634 Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units

☐ I attest that the proposed authorized user has satisfactorily completed the requirements in 64E-5.655(1), F.A.C. and has achieved a level of competency to function independently as an authorized user for the medical uses authorized under 64E-5.634, F.A.C.

Section B

☐ I am currently an authorized user under the following, or equivalent NRC or Agreement State authorizations:

☐ 64E-5.630(1), F.A.C. ☐ 64E-5.632, F.A.C. ☐ 64E-5.634, F.A.C.

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

Appendix 3

[Remote Afterloader], [Gamma Stereotactic Radiosurgery], [Manual Brachytherapy], [Ophthalmic Use of Strontium-90], [Teletherapy Unit]

Note: Preceptor Attestation for uses defined under 64E-5.632, .634 and training and experience under 64E-5.652, .653, and .655

PART I. Training and Experience - select one of the three methods below:

ITEM 1. Board Certification

Provide the requested information (i.e., a copy of the board certification) for 64E-5.634 uses documentation of device-specific training in the table in 3.e, and for all uses, a completed Preceptor Attestation. As indicated on the form, additional information is needed if the board certification or device-specific training was completed more than 7 years ago.

Device-specific training may be provided by the vendor for new users, or either a supervising authorized user or an authorized medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in Table 3.e

if the training was provided by an authorized user or authorized medical physicist. If more than one supervising individual provided the training, identify each supervising individual by name and provide his/her qualifications.

ITEM 2. Current 64E-5.634 Authorized User Requesting Additional Authorization for 10 CFR 35.64E-5.634 Use(s) Checked Above

Provide the requested information (i.e., documentation of device-specific training (complete the table in 3.e)) and completed Preceptor Attestation in Part II. As indicated on the form, additional information is needed if the device-specific training was completed more than 7 years ago.

Device-specific training may be provided by the vendor, a supervising authorized user, or an authorized medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in Table 3.e if the training was provided by an authorized user or authorized medical physicist. If more than one supervising individual provided the training, identify each supervising individual by name and provide his/her qualifications.

ITEM 3. Training and Experience for Proposed Authorized User

As indicated on the form, additional information is needed if the training, residency program, supervised work, and clinical experience was completed more than 7 years ago.

Submit a completed Section 3.a for each requested use.

Submit a completed Section 3.b if applying for 64E-5.632 uses. However, Section 3.b does not have to be completed when only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised work and clinical experience, identify each supervising individual by name and provide his/her qualifications.

Submit a completed Section 3.c if only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised clinical experience, identify each supervising individual by name and provide his/her qualifications.

Submit a completed Section 3.d for each requested 64E-5.634 use. If more than one supervising authorized user provided the supervised work and clinical experience, identify each supervising individual by name and provide his/her qualifications.

Submit a completed Section 3.e for each specific 64E-5.634 device for which the applicant is requesting authorization.

Device-specific training may be provided by the vendor, a supervising authorized user or an authorized medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in Table 3.e if the training was provided by an authorized user or authorized medical physicist. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Submit a completed Preceptor Attestation in Part II.

Part II. Preceptor Attestation

The Preceptor Attestation part has five sections.

The attestation to the training and individual’s competency for 64E-5.632 uses or strontium-90 eye applicator use is in the first section.

The attestation to the training for the proposed authorized user for 64E-5.634 uses is in second section.

The attestation for the 64E-5.634 device-specific training is in the third section.

The attestation of the individual’s competency to function independently as an authorized user for the specific, 64E-5.634 devices requested by the applicant is in the fourth section.

The fifth and final section requests specific information about the preceptor’s authorization(s) to use licensed material, in addition to the preceptor’s signature.

The preceptor for a 64E-5.632 proposed authorized user must fill out the first and fifth sections of this Part.

The preceptor for a 64E-5.634 proposed authorized user must fill out the second, third, fourth and fifth sections.

The preceptor for an authorized user seeking additional 64E-5.634 authorizations must complete the third, fourth, and fifth sections.

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

Florida HEALTH

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 (Please Print)	**Florida Medical License Number**

Requested Authorization(s) *(check all that apply)*

- ☐ 64E-5.632 Manual brachytherapy sources
- ☐ 64E-5.632(2) Ophthalmic use of strontium-90
- ☐ 64E-5.634(1) Gamma stereotactic radiosurgery unit(s)
- ☐ 64E-5.634(2) Remote afterloader unit(s)
- ☐ 64E-5.634(3) Teletherapy unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

PART I -- TRAINING AND EXPERIENCE

**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**: 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 Experience: _____			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION for uses defined under 64E-5.632 and .634; 64E-5.652, .653, and .655

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		☐ Yes ☐ No	
Checking survey meters for proper operation		☐ Yes ☐ No	
Preparing, implanting, and safely removing brachytherapy sources		☐ Yes ☐ No	
Maintaining running inventories of material on hand		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Using emergency procedures to control byproduct material		☐ Yes ☐ No	
Total Hours of Work Experience: _____			
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*
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			
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

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

☐ 64E.634(1) Gamma stereotactic radiosurgery unit(s) ☐ 64E.634(2)Remote afterloader unit(s)

☐ 64E.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		☐ Yes ☐ No	
Preparing treatment plans and calculating treatment doses and times		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		☐ Yes ☐ No	
Checking and using survey meters		☐ Yes ☐ No	
Selecting the proper dose and how it is to be administered		☐ Yes ☐ 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

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*
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		
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 64E-5.634(1)	Remote Afterloader 64E-5.634(2)	Teletherapy 64E-5.634(3)
Device operation			
Safety procedures for the device use			
Clinical use of the device			
Supervising Individual. *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.)*		License/Permit Number listing supervising individual as an Authorized User	
Authorized for the following types of use: ☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ 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

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 _____ (Name of Proposed Authorized User) has satisfactorily completed the requirements in 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the 200 hours of 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 _____ (Name of Proposed Authorized User) 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 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the requirements in 64E-5.655(1)(a).

OR

Training and Experience

☐ 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 clinical experience in radiation therapy, as required by 64E-5.655(2)(1) and (2)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION for uses defined under 64E-5.632 and .634; 64E-5.652, .653, and .655

PART II – PRECEPTOR ATTESTATION (continued)

Third Section
Check one of the following for each requested authorization:

For 64E-5.655: (continued)

☐ I attest that _____ has received training required in 64E-5.655(3) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

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

AND

Fourth Section

☐ I attest that _____ has achieved a level of competency sufficient to
Name of Proposed Authorized User

achieve a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section
Complete the following for preceptor attestation and signature:

☐ I meet the requirements in 64E-5.652, .653, .655, or equivalent Agreement State requirements, as an authorized user for:

☐ 64E-5.632(1) Manual brachytherapy sources unit(s)
☐ 64E-5.634(1) Gamma stereotactic radiosurgery
☐ 64E-5.632(2) Ophthalmic use of strontium-90
☐ 64E-5.634(2) Remote afterloader unit(s)
☐ 64E-5.634(3) Teletherapy unit(s)

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

Appendix 4
Radiation Safety Officer

Preceptor Attestation for RSO training and experience under Rule 64E-5.648, F.A.C.

The training and experience specified in Florida Administrative Code, Rule 64E-5.648(1) shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education or experience within the seven-year period (Rule 64E-5.658).

Florida requests the use of State of Florida Preceptor Attestations. If the applicant has a completed US Nuclear Regulatory Commission (NRC) or Agreement State attestation, that document may be attached as supplemental documentation.

Training and Experience

ITEM 1 Board Certified Medical Physicist or Authorized User (AU Eligible) FAC 64E-5.648(1)

Provide a copy of the **Certificate**. Only board certificates approved by the NRC will be accepted with a completed attestation. Review the NRC's website to see acceptable certificates: NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html.

Website printouts from certifying agencies are not accepted in place of the certificate. The website printout may be submitted to document certification maintenance.

Provide a photocopy of the certificate and complete **Table C** and **Part II** Preceptor Attestation.

ITEM 2 Current RSO seeking authorization to be RSO on a Florida license or to document additional training Rule 64E-5.6011 and Rule 64E-5.648(3) and (4).

Provide the Florida radioactive materials license number or a complete copy the out-of-state radioactive materials license where the applicant is named as RSO. Complete **Table C** to describe additional training in radiation safety, Florida regulations, and emergency procedures. Complete **Part II** Preceptor Attestation.

ITEM 3. Authorized User (AU), Authorized Medical Physicist (AMP), or Nuclear Pharmacist (NP) identified on a license Rule 64E-5.648(3)(b)

Complete **Table C** and **Part II** to document specific radiation safety training for each use on the license. Specific information regarding the supervising individual must be provided at the end of **Table C** and **Part II**. If more than one supervising RSO provided the training, submit a completed copy of Table C for training received from each preceptor RSO and provide a complete copy of a radioactive materials license for each preceptor RSO.

ITEM 4. Structured Educational Program for Proposed New RSO (Non-AU) Rule 64E-5.648(2)

Complete **Tables A, B, and C** and **Part II**. The proposed RSO must have completed one year of full-time radiation safety experience under the supervision of a radiation safety officer. If more than one supervising individual provided the training, submit a completed copy of each Table for training received from each preceptor and provide a copy of a radioactive materials license naming each preceptor RSO.

Attach a photocopy of the applicant RSO's Florida Radiologic Technology License, Medical Physics License, or Nuclear Pharmacy License, as applicable.

For Other Medical Uses as specified in Rule 64E-5.664, if training was provided by a manufacturer's representative, attach a copy of the manufacturer's training documents.

APPENDIX 4
RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
Rule 64E-5.648, Florida Administrative Code

Florida HEALTH

Name of Proposed Radiation Safety Officer (RSO)

Florida MD, DO, Medical Physics or Technologist License Number:

Work email:

Work phone:

Emergency phone:

Applicant has regulatory and radiation safety training and emergency response experience for the following licensed uses**:** *(check all that apply)*

☐ 64E-5.626(1) ☐ 64E-5.627(1) ☐ 64E-5.626(2) ☐ 64E-5.627(2) ☐ 64E-5.630

☐ 64E-5.632 (manual brachytherapy) ☐ 64E-5.634(1)(gamma stereotactic radiosurgery) ☐ 64E-5.634(2)(HDR)

☐ 64E-5.634(3)(teletherapy) ☐ 64E-5.664 Perfexion™ ☐ 64E-5.664 Icon™ ☐ 64E-5.664 Esprit

☐ 64E-5.664 SIR-Spheres® ☐ 64E-5.664 Therasphere™ ☐ 64E-5.664 Other _____

PART I -- TRAINING AND EXPERIENCE
(Select one of the 4 following options)

Training and Experience, including Board Certification, shall have been obtained within the 7 years preceding the date of application, or the individual must have obtained related continuing education and experience within the 7 years preceding the date of application (Rule 64E-5.658, Florida Administrative Code).

☐ **1. NRC Recognized Board Certification:**

a. **Attach a copy of the Nuclear Regulatory Commission recognized board certificate**.
A print-out of the board certification webpage will not be accepted, a copy of the board certificate is required. Specialty boards recognized by the NRC (prior to 1/1/2024) for RSO training are listed on the website NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

b. Complete Table C and Part II - Preceptor Attestation (Skip Tables A and B).

c. Attach device specific training certificates or documents for each applicable 64E-5.664 use.

OR

☐ **2. Current Radiation Safety Officer Seeking Authorization to be RSO for the Additional Medical Uses Checked Above.**

a. Provide the Florida RML license number or a copy of the out-of-state radioactive materials license where applicant is named as RSO.

b. Complete Table C to describe additional training in radiation safety, Florida regulations, and site-specific emergency procedures.

c. Complete Part II Preceptor Attestation.

OR

☐ **3. Authorized User (AU), Authorized Medical Physicist (AMP) Nuclear Pharmacist (NP) identified on a license**

a. Provide a copy of the radioactive materials license where named as AU, AMP, or NP

b. Complete Table C to describe training in radiation safety, Florida regulations, and emergency procedures for all types of medical use on the license.

c. Complete Part II Preceptor Attestation.

OR

TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
Florida Administrative Code Chapter 64E-5.648

☐ **4. Structured Educational Program for Proposed Radiation Safety Officer**

a. Complete Tables A, B and C and Complete Part II - Preceptor Attestation.
b. Attach a Florida Radiologic Technology or Medical Physics license, as applicable.

Table A. Classroom and Laboratory Training

Description of Training	Location of Training	Dates of Training Mo/Yr – Mo/Yr	Clock Hours
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training: _____			

Attach certificate(s) of completion from training institution or 3rd party trainer.

TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
Florida Administrative Code Chapter 64E-5.648

Table B Supervised Radiation Safety Experience
(For multiple supervising individuals or licensed facilities, provide multiple copies of this table.)

Description of Experience	Location of Training: Provide **Licensee Name Address** and **Radioactive Materials License Number** or Federal Permit Number For facilities outside of Florida, attach a copy of the license document	Dates of Training Month/Yr to Month/Yr
One year of full-time radiation safety experience under the supervision of the RSO on a license authorizing similar types of uses		
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 byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		

Supervising RSO For Table B training. (print name)	Florida License Number Naming Supervising RSO _____ **For non-Florida Supervising RSO, <u>Attach</u> a copy of the facility license naming the individual as the RSO**

TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
Florida Administrative Code Chapter 64E-5.648

Table C Training in radiation safety, regulatory issues, and emergency procedures for all uses on the license.

(For multiple supervising individuals or licensed training facilities, provide multiple copies of this table)

Description of Training	Training Provided by: Include Licensee Name, Address and License Number or Federal Permit Number	Dates of Training
Radiation safety, regulatory issues and emergency procedures for 64E-5.626(1) and/or 64E-5.627(1) radiopharmaceutical uses		
Radiation safety, regulatory issues, and emergency procedures for 64E-5.626(2) and/or 64E-5.627(2) and/or 64E-5.630 radiopharmaceutical uses		
Radiation safety, regulatory issues, and emergency procedures for 64E-5.632 manual brachytherapy use		
Radiation safety, regulatory issues, and emergency procedures for 64E-5.634(3) teletherapy use		
Radiation safety, regulatory issues, and emergency procedures for 64E-5.634(2) remote afterloader use		
Radiation safety, regulatory issues, and emergency procedures for 64E-5.634(1) gamma stereotactic radiosurgery use		
Radiation safety, regulatory issues, and emergency procedures for the following 64E-5.664, (specify use)		

Supervising Individual/RSO (print name) for Table C training	Florida License Number listing supervising individual _____ **For non-Florida Supervising Individual, Attach a copy of the license naming the individual as RSO**

License/Permit lists supervising individual as:

☐ RSO ☐ Authorized User ☐ Nuclear Pharmacist ☐ Authorized Medical Physicist

TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
Florida Administrative Code Chapter 64E-5.648

PART II – PRECEPTOR ATTESTATION

- This part must be completed by the individual's preceptor. The preceptor does not have to be the Supervising RSO so long as the preceptor provides, directs, or verifies the required training and experience.
- For any training verified by documentation, attach a copy of the documentation. If more than one preceptor participated in training, obtain a separate preceptor statement from each.

First Section

Structured Educational Program for Proposed Radiation Safety Officers

☐ I attest that _____ has satisfactorily completed a
Name of Proposed Radiation Safety Officer
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 Florida Administrative Code (FAC) 64E-5. 64E-5.648(2)(a) and (b).

AND

Second Section

☐ I attest that _____ has training in the radiation safety,
Name of Proposed Radiation Safety Officer
regulatory issues, and emergency procedures for the following types of use(s):
Check all that apply:

☐ FAC 64E-5.626(1) ☐ 64E-5.627(1)

☐ FAC 64E-5.626(2) ☐ 64E-5.627(2) written directive required

☐ FAC 64E-5.630(1) all therapeutic radioactive drugs **or**

- ☐ FAC 64E-5.630(2) I-131 ≤ 33 mCi
- ☐ FAC 64E-5.630(3) I-131 > 33 mCi
- ☐ FAC 64E-5.630(4) Parenteral administration of a radioactive drug for electron emission, beta radiation, alpha radiation, or photon energy of less than 150 keV, requiring a written directive

☐ FAC 64E-5.632 manual brachytherapy

☐ FAC 64E-5.634(1) gamma stereotactic radiosurgery

☐ FAC 64E-5.634(2) remote afterloader

☐ FAC 64E-5.634(3) teletherapy

☐ FAC 64E-5.664 SIR-Spheres®

☐ FAC 64E-5.664 Therasphere™

☐ FAC 64E-5.664 Other emerging technologies: _____

AND

TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
Florida Administrative Code Chapter 64E-5.648

Third Section -

☐ I attest that _____ has achieved a level of radiation safety
Name of Proposed Radiation Safety Officer
knowledge sufficient to function independently as a Radiation Safety Officer for a medical use license.

Fourth Section - **Information and Signature of Preceptor**

I am the Radiation Safety Officer or Residency Program Director

for _____
Name of Facility

License Number: _____ (For non-Florida Licenses, attach a copy of the license)

Printed Name of Preceptor _____ Telephone Number _____

Signature _____ Date _____

Appendix 5
Authorized Medical Physicist

PART I. Training and Experience - select one of the three methods below:

ITEM 1. Board Certification

Provide the requested information (i.e., a copy of the board certification, documentation of device specific training in the table in 3.c, and completed Preceptor Attestation). As indicated on the form, additional information is needed if the board certification or device specific training was completed more than 7 years ago.

Device-specific training may be provided by the vendor or a supervising medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in Table 3.c if the training was provided by an authorized medical physicist. If more than one supervising individual provided the training, identify each supervising individual by name and provide his/her qualifications.

ITEM 2. Current Authorized Medical Physicist Seeking Additional Uses(s) Checked above

Provide the requested information (i.e., documentation of device-specific training (complete the table in 3.c) and complete the Preceptor Attestation in Part II). As indicated on the form, additional information is needed if the device-specific training was completed more than 7 years ago.

Device-specific training may be provided by the vendor or a supervising medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in Table 3.c if the training was provided by an authorized medical physicist. If more than one supervising medical physicist provided the training, identify each supervising individual by name and provide his/her qualifications.

ITEM 3. Training and Experience for Proposed Authorized Medical Physicist

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed Section 3.a. Submit documentation of a graduate degree (for example, a copy of a diploma or transcript from an accredited college or university).

Submit a completed section 3.b. The individual must have completed 1 year of full-time training in medical physics and an additional year of full-time work experience which cannot be concurrent. This is documented in 3.b by providing the ranges of dates for training and work experience.

If the proposed authorized medical physicist had more than one supervisor, provide the information requested in Section 3.b for each supervising individual. If the supervising individual is not an authorized medical physicist, the applicant must provide documentation that the supervising individual meets the requirements in 64E-5.656 and 64E-5.658.

Submit a completed Section 3.c for each specific device for which the applicant is requesting authorization.

Device-specific training may be provided by the vendor or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising medical physicist provided the training, identify each supervising individual by name and provide his/her qualifications.

Submit a completed Preceptor Attestation in Part II.

PART II. Preceptor Attestation

The Preceptor Attestation page has four sections.

The attestation to the proposed authorized medical physicist's training is in the first section. The attestation for the device-specific training is in the second section.

The attestation of the individual's competency to function independently as an authorized medical physicist for the specific devices requested by the applicant is in the third section.

The fourth and final section requests specific information about the preceptor's authorizations to use licensed material, in addition to the preceptor's signature.

The preceptor for a proposed new authorized medical physicist must fill out all four sections of this page. The preceptor for an authorized medical physicist seeking additional authorizations must complete the last three sections.

APPENDIX 5
AUTHORIZED MEDICAL PHYSICIST
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
Florida Administrative Code 64E-5.648

Name of Proposed Authorized Medical Physicist (Please Print)

Requested Authorization(s) *(check all that apply)*

- ☐ 64E-5.632(2) Ophthalmic use of Strontium-90
- ☐ 64E-5.634(2) Remote afterloader unit(s)
- ☐ 64E-5.634(3) Teletherapy unit(s)
- ☐ 64E-5.634(1) Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the four 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**: NRC.gov/materials/miau/med-use-toolkit/spec-board-cert.html

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 provides 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 above) 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 above) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION FOR 64E-5.656

3. <u>Education, Training, and Experience for Proposed Authorized Medical Physicist</u> (continued)

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), sterotactic 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 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 licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION FOR 64E-5.656

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 If training is provided by Supervising Medidcal Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)	**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)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION FOR 64E-5.656

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.

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

64E-5.656(1)(a) and (1)(b).

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 64E-5.656(2)(a).

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:

☐ 64E-5.632(2) Ophthalmic use of strontium-90 ☐ 64E-5.634(3) Teletherapy unit(s)

☐ 64E-5.634(2) Remote afterloader unit(s) ☐ 64E-5.634(1) Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

☐ I meet the requirements in 64E-5.656, or equivalent NRC or Agreement State requirements for Authorized Medical Physicist for the following:

☐ 64E-5.632(2) Ophthalmic use of strontium-90 ☐ 64E-5.634(3) Teletherapy unit(s)

☐ 64E-5.634(2) Remote afterloader unit(s) ☐ 64E-5.634(1) Gamma stereotactic radiosurgery unit(s)

Name of Preceptor	Signature	Telephone Number	Date
License/Permit Number/Facility Name			