RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER

TRA	INING, EXP	ERIENCE A	AND PRECEPT	FOR ATTESTA	TION [216-RICR-40-20-9.5.10]
Name of Ind	ividual				□ RSO □ ARSO
Requested A	authorization(s)	The license a	uthorizes the follo	owing medical uses	(check all that apply):
□ § 9.7.1*	□ § 9.7.3	□ § 9.8.1	□ § 9.9.1	□ § 9.10.1	☐ § 9.11.1(remote afterloader)
□ § 9.11.1 (teletherapy)	□ § 9.11.1 ((gamma stereotac	tic radiosurgery)	□ § 9.12.1
				G AND EXPERI	
pre exp	eceding the da perience since	te of applicati the required	ion or the individ training and ex	ual must have obto	peen obtained within the seven (7) years an and pleted. Provide dates, duration, and sees checked above.
☐ 1. <u>Boa</u>	ard Certificati	<u>on</u>			
a.	Provide a cop	y of the board	d certification.		
b.					under § 9.5.10, the NRC under 10 CFR other Agreement State
		table in 5.c. tion is sought.		ning and dates of t	training for each type of use for which
	ii. Stop here	•			
c.	If the board c	ertification wa	as issued on or be	fore 24bOctober 20	005 and is listed in § 9.5.13;
		ocumentation ore 24 Octobe	•	at the individual wa	as using the requested materials and uses
	ii. Stop here			0.70	
– 4 G	. D. 11 .		60 (DCO)	OR	
					ion Safety Officer (ARSO)_Seeking er for the Additional Medical Uses
	necked Above	-		·	
a.					afety, regulatory issues, and emergency eignition as RSO or ARSO is sought.
b.		fied, provide	* *	rtificate and stop h	nere. If not board certified, skip to and
				OR	
					r Authorized Nuclear Pharmacist (ANP)
		-	it in accordance	with § 9.5.10	
	Provide licen				
	procedures fo	r all types of 1	medical use on the	e license.	afety, regulatory issues, and emergency
c.		fied, provide t II Preceptor		_	here. If not board certified, skip to and
				OR	
* Unless specij	fically indicated	to the contrary	, all section referen	ces in Form MAT-1A	1-RSO are to 216-RICR-40-20, Radiation

RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

□ 4.	Individuals	applying	simultaneousl	v to be the	e RSO and AU	on a new license
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- a. Documentation of training and experience to be a new AU is attached
- b. The new license application is attached.
- c. Stop here.

OR

5. Structured Educational Program for Proposed RSO or ARSO

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training		
Radiation physics andinstrumentation					
Radiation protection					
Mathematics pertaining to theuse and measurement of radioactivity					
Radiation biology					
Radiation dosimetry					
Total Hours of Training:					

RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

TRAINING, EXPERIEN	CE AND PRI	ECEPTOR AT	TESTATION [contin	ued]
□ 5. Structured Educational Program	for Proposed I	Radiation Safety	y Officer [continued]	
b. Supervised Radiation Safety Ex (If more than one supervising i multiple copies of this section.)	ndividual is nec	essary to docum	aent supervised work exp	oerience, provide
Description of Experience	Location of T	raining/License Facility	or Permit Number of	Dates of Training
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 radioactive material				
Using administrative controls to avoid mistakes in administration of radioactive material				
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures				
Using emergency procedures to control radioactive material				
Disposing of radioactive material				
Licensed Material Used (e.g., § 9.7.1, § 9.7.3, etc.) ⁺				
⁺ Choose all applicable sections of 216-RICR-40-20-9 9.11.1 remote afterloader units, § 9.11.1 teletherapy (provide list of devices).				
Supervising Individual		License/Permit Number listing supervising individual as a RSO or ARSO		
The supervising individual is authorized as the	ne: \square RS	SO ARS	SO	
for the following medical uses:	□ § 9.9.1	☐ § 9.10.1		terloader)
	 •	— ÿ	§ 9.11.1 (Telliote at	ici ioauci j
S 9.11.1 (teletherapy) S 9.11.1 (gamma stereotactic S 9.12.1 S 9.12.1				

RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed on the license.

Description of Training		Training Provided	By	Dates of Training
Radiation safety, regulatory issues, and emergency procedures for § 9.7.1, § 9.7.3, and § 9.10.1 uses		3		
Radiation safety, regulatory issues, and emergency procedures for § 9.8.1 uses				
Radiation safety, regulatory issues, and emergency procedures for § 9.9.1 uses				
Radiation safety, regulatory issues, and emergency procedures for § 9.11.1 -teletherapy uses				
Radiation safety, regulatory issues, and emergency procedures for § 9.11.1 – remote afterloader uses				
Radiation safety, regulatory issues, and emergency procedures for § 9.11.1 – gamma stereotactic				
Radiation safety, regulatory issues, and emergency procedures for § 9.12.1, specify use(s):				
Supervising Individual If training was provided RSO, ARSO, AU, AMP, or ANP. (If more than one individual is necessary to document supervised training multiple copies of this page.)	supervising	License/Permit Num individual	ber listing sup	ervising
License/permit lists supervising individual	ual as:			
☐ Radiation Safety Officer	☐ Associate Rac	liation Safety Officer		
☐ Authorized User	☐ Authorized N	uclear Pharmacist	☐ Authorized	d Medical Physicist
for the following medical uses:				
$\square \S 9.7.1 \qquad \square \S 9.7.3 \qquad \square \S 9.8$	i.1 □ § 9.9.1	□ § 9.10.1 □ §	9.11.1 (remote	e afterloader)
\square § 9.11.1 (teletherapy) \square § 9.1	1.1 (gamma stereotact	ic radiosurgery)	§ 9.12.1	
d. Skip to and complete Part	II Preceptor Attestation	on.		

RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising

individual as long as the preceptor provides, directs, or verifies training and e one preceptor is necessary to document experience, obtain a separate preceptor	1 1	nore than
First Section		
Structured Educational Program for Proposed RSO or ARSO		
☐ I attest that		
Name of Proposed RSO/ARSO		_
has satisfactorily completed a structural educational program consisting of both 20 training and one year of full-time radiation safety experience as required by § 9.5.10. AND		·
Second Section		
□ I attest that		
Name of Proposed RSO/ARSO		
has training in radiation safety, regulatory issues, and emergency procedures	for the following types of	of use:
Check all that apply:		
□ § 9.7.1 □ § 9.7.3 [□ § 9.10.1		
☐ § 9.8.1 oral administration of less than or equal to 33 millicuries of sodium io directive is required	dide I-131, for which a	written
☐ § 9.8.1 oral administration of greater than 33 millicuries of sodium iodide I-13		
□ § 9.8.1 parenteral administration of any radioactive drug that contains a radio	¥ .	
electron emission, beta radiation characteristics, alpha radiation charac	_	
\square § 9.11.1 remote afterloader units \square § 9.11.1 teletherapy units \square § 9.11.1 g	amma stereotactic radio	surgery units
☐ § 9.12.1 emerging technologies, including:		
AND		
Third Section		ı
☐ I attest that		
Name of Proposed RSO/ARSO		
is able to independently fulfill the radiation safety-related duties as:		
☐ A Radiation Safety Officer for a medical use licensee.		
OR		
☐ An Associate Radiation Safety Officer for a medical use licensee.		
Fourth Section		
Complete the following for preceptor attestation and signature:		
☐ I am the Radiation Safety Officer for: ☐ I am the Associate Radiat Name of Facility:	ion Safety Officer for	
License/Permit Number:		
Name of Preceptor (Typed or printed)	Telephone Number	Date
Signature:		