

**RHODE ISLAND RADIATION CONTROL AGENCY**  
**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**  
**FOR USES DEFINED UNDER C.8.40 AND C.8.46**  
**[C.8.67, C.8.68 and C.8.70]**

Name of Proposed Authorized User

Rhode Island License No. and Expiration Date

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

- C.8.40 Manual brachytherapy sources                       C.8.46 Teletherapy unit(s)  
 C.8.40 Ophthalmic use of strontium-90                       C.8.46 Gamma stereotactic radiosurgery unit(s)  
 C.8.46 Remote afterloader unit(s)

**PART I - TRAINING AND EXPERIENCE**

*(Select one of the three methods below)*

**Note:** *Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.*

- 1. Board Certification**  
a. Provide a copy of the board certification.  
b. For C.8.46, 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 C.8.46 Authorized User Requesting Additional Authorization for C.8.46 Use(s) Checked Above**  
a. Go to the table in Section 3e 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     C.8.67     C.8.68     C.8.70

Description of Training	Location of Training	Clock Hours	Dates of Training
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

**TOTAL HOURS OF TRAINING:**

**RHODE ISLAND RADIATION CONTROL AGENCY**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]**

**3. Training and Experience for Proposed Authorized User [continued]**

b. Supervised Work and Clinical Experience for C.8.67

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

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

**RHODE ISLAND RADIATION CONTROL AGENCY**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]**

**3. Training and Experience for Proposed Authorized User [continued]**

c. Supervised Clinical Experience for C.8.68

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
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d. Supervised Work and Clinical Experience for C.8.70

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

<b>SUPERVISED WORK EXPERIENCE</b>	<b>TOTAL HOURS OF EXPERIENCE:</b>
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Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience
Reviewing full calibration measurements and periodic spot-checks			
Preparing treatment plans and calculating treatment doses and times			
Using administrative controls to prevent a medical event involving the use of radioactive material			
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			
Checking and using survey meters			
Selecting the proper dose and how it is to be administered			

**RHODE ISLAND RADIATION CONTROL AGENCY**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]**

**3. Training and Experience for Proposed Authorized User [continued]**

d. Supervised Work and Clinical Experience for C.8.70 [continued]

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

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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e. For C.8.46, 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
Device operation			
Safety procedures for the device use			
Clinical use of the device			

Supervising Individual**	License/Permit Number listing supervising individual as an authorized user
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Authorized for the following types of use:

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

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

f. Provide completed Part II Preceptor Attestation

**RHODE ISLAND RADIATION CONTROL AGENCY**

**AUTHORIZED USER TRAINING AND 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 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 for each use requested:**

**For C.8.67:**

**Board Certification**

I attest that \_\_\_\_\_  
*Name of Proposed Authorized User*

has satisfactorily completed the requirements in C.8.67(a)(1) 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 C.8.

**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 C.8.67(b)(1) and (b)(2), 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 C.8.40.

**For C.8.68:**

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 C.8.68(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For C.8.70:**

**Board Certification**

I attest that \_\_\_\_\_  
*Name of Proposed Authorized User*

has satisfactorily completed the requirements in C.8.70(a)(1).

**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 C.8.70(b)(1) and (b)(2).

**AND**

**RHODE ISLAND RADIATION CONTROL AGENCY**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]**

**Preceptor Attestation [continued]**

**Third Section**

**For C.8.70: [continued]**

I attest that \_\_\_\_\_  
*Name of Proposed Authorized User*

has received training required in C.8.70(c) for device 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)     Gamma stereotactic radiosurgery unit(s)

**AND**

**Fourth Section**

I attest that \_\_\_\_\_  
*Name of Proposed Authorized User*

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

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

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

I meet the requirements in C.8.67, C.8.68, C.8.70 or equivalent NRC/other Agreement State requirements, as an authorized user for:

- C.8.40 Manual brachytherapy sources                       C.8.46 Teletherapy unit(s)  
 C.8.40 Ophthalmic use of strontium-90                       C.8.46 Gamma stereotactic radiosurgery unit(s)  
 C.8.46 Remote afterloader unit(s)

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

**COMMENTS**