

RHODE ISLAND RADIATION CONTROL AGENCY
RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[C.8.62]

Name of Proposed Radiation Safety Officer

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- C.8.28 C.8.30 C.8.34 C.8.40 C.8.38 C.8.46 (remote afterloader)
 C.8.46 (teletherapy) C.8.46 (gamma stereotactic radiosurgery) C.8.79 _____

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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license
- c. Skip to and complete Part II Preceptor Attestation.

OR

2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above

- a. Use the table in Section 3c to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

3. Structured Educational Program for Proposed Radiation Safety Officer

- 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			
Radiation biology			
Radiation dosimetry			

TOTAL HOURS OF TRAINING:

RHODE ISLAND RADIATION CONTROL AGENCY
RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION [continued]

3. Structured Educational Program for Proposed Radiation Safety Officer [continued]

b. Supervised Radiation Safety Experience

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

Description of Experience	Location of Training/License or Permit Number of Facility	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., C.8.28, C.8.30, etc.) ⁺		

⁺Choose all applicable sections of Subpart C.8 to describe radioisotopes and quantities used: C.8.28, C.8.30, C.8.34, C.8.38, C.8.40, C.8.46 remote afterloader units, C.8.46 teletherapy units, C.8.46 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
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This license authorizes the following medical uses:

C.8.28 C.8.30 C.8.34 C.8.40 C.8.38 C.8.46 (remote afterloader)

C.8.46 (teletherapy) C.8.46 (gamma stereotactic radiosurgery) C.8.79 _____

RHODE ISLAND RADIATION CONTROL AGENCY

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

3. Structured Educational Program for Proposed Radiation Safety Officer [continued]

- c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training
Radiation safety, regulatory issues, and emergency procedures for C.8.28, C.8.30, and C.8.38 uses		
Radiation safety, regulatory issues, and emergency procedures for C.8.34 uses		
Radiation safety, regulatory issues, and emergency procedures for C.8.40 uses		
Radiation safety, regulatory issues, and emergency procedures for C.8.46 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for C.8.46 – remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for C.8.46 – gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for C.8.79, specify use(s):		

Supervising Individual [‡]	License/Permit Number listing supervising individual as a Radiation Safety Officer
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License/Permit lists supervising individual as:

- Radiation Safety Officer Authorized User Authorized Nuclear Pharmacist Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

- C.8.28 C.8.30 C.8.34 C.8.40 C.8.38 C.8.46 (remote afterloader)
 C.8.46 (teletherapy) C.8.46 (gamma stereotactic radiosurgery) C.8.79 _____

[‡]If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

- d. Skip to and complete Part II Preceptor Attestation.

OR

4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license

- a. Provide license number.
b. Use the table in Section 3c to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
c. Skip to and complete Part II Preceptor Attestation.

RHODE ISLAND RADIATION CONTROL AGENCY
RADIATION SAFETY OFFICER 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:

1. Board Certification

I attest that

_____ *Name of Proposed Radiation Safety Officer*

has satisfactorily completed the requirements in C.8.62(a)(1)(i) and (a)(1)(ii); or C.8.62(a)(2)(i) and (a)(2)(ii); or C.8.62(c)(1).

OR

2. Training and Experience

I attest that

_____ *Name of Proposed Radiation Safety Officer*

has satisfactorily completed a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by C.8.62(b)(1).

OR

3. Additional Authorization as Radiation Safety Officer

I attest that

_____ *Name of Proposed Radiation Safety Officer*

is an

Authorized User Authorized Nuclear Pharmacist Authorized Medical Physicist

identified on the Licensee's license and has experience with the radiation safety aspects of similar type of use of radioactive material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

I attest that

_____ *Name of Proposed Radiation Safety Officer*

has training in the radiation safety, regulatory issues, and emergency procedures for the following types of use:

C.8.28 C.8.30 C.8.40 C.8.38

C.8.34 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

C.8.34 oral administration of greater than 33 millicuries of sodium iodide I-131

C.8.34 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

C.8.34 parenteral administration of any other radionuclide for which a written directive is required

C.8.46 remote afterloader units C.8.46 teletherapy units C.8.46 gamma stereotactic radiosurgery units

C.8.79 emerging technologies, including: _____

RHODE ISLAND RADIATION CONTROL AGENCY
RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION [continued]

Preceptor Attestation [continued]

AND

Third Section

Complete for ALL

I attest that _____
Name of Proposed Radiation Safety Officer

has achieved a level of radiation safety knowledge sufficient to function independently as a 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: _____
Name of Facility *License/Permit Number*

Name of Preceptor

Signature

Telephone Number

Date

COMMENTS