



**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[DHEC Reg. 61-63, Part IV]
(for uses defined under RHA 4.46 and 4.58)

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

4.46 Manual brachytherapy sources 4.46 Ophthalmic uses of strontium-90
 4.58 Teletherapy unit(s) 4.58 Gamma stereotactic radiosurgery unit(s) 4.58 Remote afterloader 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

- a. Provide a copy of the board certification.
- b. For RHA 4.58, go to the table in 3.e. (page 4) 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.

OR

2. Current 4.58 Authorized User Requesting Additional Authorization for 4.58 Use(s) Checked Above

- a. Go to the table in section 3.e. (page 4) to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation.

OR

3. Training and Experience for Proposed Authorized User

- a. Classroom and Laboratory Training RHA 4.54 RHA 4.55 RHA 4.74

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

Total Hours of Training:

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work and Clinical Experience for RHA 4.54

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

Description of Experience Must Include:	Location of Experience / License or Permit Number of Facility	Confirm	Dates/Total Hours 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 emergency procedures to control radioactive material		<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*
<p>Approved by:</p> <p><input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME</p> <p><input type="checkbox"/> Royal College of Physicians and Surgeons of Canada</p> <p><input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association</p>		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Experience for RHA 4.55

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 RHA 4.74

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

Total Hours of Supervised Work Experience:

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

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 RHA 4.74 (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*
<p>Approved by:</p> <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 RHA 4.58, 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 - <i>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.)</i>	License/Permit Number listing supervising individual
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Authorized for the following types of use:

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

f. Provide completed Part II Preceptor Attestation.

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.

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 RHA 4.54:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
RHA 4.54.1.1.1 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 4.46.

OR

Training and Experience

I attest that _____ has satisfactorily completed 200 hours of classroom and
Name of Proposed Authorized User
laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by RHA 4.54.1.2 and 4.54.1.3, and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medial uses authorized under RHA 4.46.

For RHA 4.55:

I attest that _____ has satisfactorily completed the 24 hours of classroom
Name of Proposed Authorized User
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 RHA 4.55.1.2, 4.55.1.3 and 4.55.1.4 and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For RHA 4.74:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
RHA 4.74.1.1.1

OR

Training and Experience

I attest that _____ has satisfactorily completed 200 hours of classroom and
Name of Proposed Authorized User
laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by RHA 4.74.1.2 and 4.71.1.3.

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PRECEPTOR ATTESTATION (continued)

Third Section

For RHA 4.74: (continued)

- I attest that _____ has received training required in RHA 4.71.1.5 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.
- Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s) Remote afterloader unit(s)

AND

Fourth Section

- I attest that _____ has achieved a level of competency sufficient to function
Name of Proposed Authorized User
independently as an authorized user for:
- Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s) Remote afterloader unit(s)

Fifth Section

Complete the following for Preceptor Attestation and signature

- I meet the requirements in RHA 4.54, 4.55, 4.74 or equivalent Agreement State requirements, as an authorized
user for:
- 4.46 Manual brachytherapy sources 4.46 Ophthalmic uses of strontium-90
- 4.58 Teletherapy unit(s) 4.58 Gamma stereotactic radiosurgery unit(s) 4.58 Remote afterloader unit(s)

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