$ 8 7 + 2 5 , 5 ('7 58$6, (1 , 1 * (; & (5 ,7 (215& ($
$ 7 7 (6 7 (for uses defined under RHA 4.46 and RHA 4.58)
[RHA 4.23, 4.54, 4.55, and 4.74] (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*
Approved by: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Council on Postdoctoral Training of the American Osteopathic Association		

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

e. For 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. (*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, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under RHA 4.46 and RHA 4.58) [RHA 4.23, 4.54, 4.55, and 4.74] (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 4.54:

☐ I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by RHA 4.54.2 and 4.54.3, and is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under RHA 4.46.

For 4.55:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

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 RHA 4.55.2, 4.55.3, and 4.55.4, and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 4.74:

☐ I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by RHA 4.74.2 and 4.74.2.2.

AND

Third Section

For 4.74: (continued)

☐ I attest that _____ has received training required in RHA 4.74.3 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) ☐ Gamma stereotactic radiosurgery unit(s)

AND

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under RHA 4.46 and RHA 4.58) [RHA 4.23, 4.54, 4.55, and 4.74] (continued)

Fourth Section

☐ I attest that _____ is able to independently fulfill the radiation safety-related duties as an authorized user for:
Name of Proposed Authorized User

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

Fifth Section
Complete one of the following for attestation and signature:

☐ Authorized User:

☐ 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 use of strontium-90
☐ 4.58 Remote afterloader unit(s)
☐ 4.58 Teletherapy unit(s)
☐ 4.58 Gamma stereotactic radiosurgery unit(s)
☐ 4.23 for 4.46 and/or 4.58 uses, as applicable

OR

☐ **Residency Program Director (for 35.490 and/or 35.690 only):**

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☐ 4.46 Manual brachytherapy sources
☐ 4.58 Teletherapy unit(s)
☐ 4.58 Remote afterloader unit(s)
☐ 4.58 gamma stereotactic radiosurgery unit(s)
☐ 4.23 for 4.46 uses
☐ 4.23 for teletherapy unit(s)
☐ 4.23 for remote afterloader unit(s)
☐ 4.23 gamma stereotactic radiosurgery unit(s)

☐ I affirm that this faculty member concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Postdoctoral Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 4.46 ☐ 4.58

Name of Facility:	
License/Permit Number:	

Name of Preceptor or Residency Program Director (Typed or printed)	Telephone Number	Date

Signature