

**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION  
[RHA 4.20, 4.23]**



Name of Individual  RSO  ARSO

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

- 4.35     4.37     4.40     4.46     4.56     4.58 (remote afterloader)  
 4.58 (teletherapy)     4.58 (gamma stereotactic radiosurgery)     4.88 (\_\_\_\_\_)

**PART I -- TRAINING AND EXPERIENCE  
(Select one of the five 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. If the board certification process has been recognized by the Commission or an Agreement State under RHA 4.20;
  - (i) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
  - (ii) Stop here
- c. If the board certification was issued on or before October 24, 2005 and is listed in RHA 4.23.1.2;
  - (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
  - (ii) Stop here

**OR**

**2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above**

- a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
- b. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

**OR**

**3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) identified on a license or permit in accordance with RHA 4.20.3.1**

- a. Provide license number.
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

**OR**





**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [RHA 4.20, 4.23] (continued)**

**5. Structured Educational Program for Proposed RSO or ARSO (continued)**

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer
The supervising individual is authorized as the _____ for the following medical uses:	
<input type="checkbox"/> 4.35	<input type="checkbox"/> 4.37
<input type="checkbox"/> 4.56	<input type="checkbox"/> 4.58 (remote afterloader)
<input type="checkbox"/> 4.58 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 4.88 ( _____ )
<input type="checkbox"/> 4.40	<input type="checkbox"/> 4.46
<input type="checkbox"/> 4.46	<input type="checkbox"/> 4.58 (teletherapy)
<input type="checkbox"/> Radiation Safety Officer or the <input type="checkbox"/> Associate Radiation Safety Officer	

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 4.35, 4.37, and 4.56 uses		
Radiation safety, regulatory issues, and emergency procedures for 4.40 uses		
Radiation safety, regulatory issues, and emergency procedures for 4.46 uses		
Radiation safety, regulatory issues, and emergency procedures for 4.58 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 4.58 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 4.58 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 4.88, specify use(s):		

**RADIATION SAFETY OFFICER OR  
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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [RHA 4.20, 4.23] (continued)**

**5. Structured Educational Program for Proposed RSO or ARSO (continued)**

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (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
License/Permit lists supervising individual as:	
<input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Associate Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist	
Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses:	
<input type="checkbox"/> 4.35 <input type="checkbox"/> 4.37 <input type="checkbox"/> 4.40 <input type="checkbox"/> 4.46 <input type="checkbox"/> 4.56 <input type="checkbox"/> 4.58 (remote afterloader) <input type="checkbox"/> 4.58 (teletherapy) <input type="checkbox"/> 4.58 (gamma stereotactic radiosurgery) <input type="checkbox"/> 4.88 ( _____ )	

d. Skip to and complete Part II Preceptor Attestation.

**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**

**Structured Educational Program for Proposed RSO or ARSO**

I attest that \_\_\_\_\_ has satisfactorily completed  
Name of Proposed RSO/ARSO

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 RHA 4.20.2.

**AND**

**Second Section**

I attest that \_\_\_\_\_ has training in  
Name of Proposed RSO/ARSO

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

**Check all that apply:**

- 4.35       4.37
- 4.40      oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 4.40      oral administration of greater than 33 millicuries of sodium iodide I-131
- 4.40      Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [RHA 4.20, 4.23] (continued)**

**PART II – PRECEPTOR ATTESTATION (continued)**

Check all *that apply*:

- 4.46
- 4.56
- 4.58 remote afterloader units
- 4.58 teletherapy units
- 4.58 gamma stereotactic radiosurgery units
- 4.88 emerging technologies, including:

**Third Section**

**AND**

I attest that

\_\_\_\_\_  
Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer

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 Radiation Safety Officer for

Name of Facility: \_\_\_\_\_

License/Permit Number: \_\_\_\_\_

Name of Preceptor (Typed or printed)

Telephone Number

Date

Signature