

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR
ATTESTATION- THERAPEUTIC SEALED SOURCES**
(for uses defined under 902 KAR 100, Part 072, Sections 74, 75 and 77)



Rev. 01/2012

Name of Proposed Authorized User

Name of Licensee Where Physician Wishes to be Approved

Requested Authorization(s) (check all that apply)

- 902 KAR 100:072, Section 37. Manual brachytherapy sources
- 902 KAR 100:072, Section 37. Ophthalmic use of strontium-90
- 902 KAR 100:072, Section 46. Remote afterloader unit(s)
- 902 KAR 100:072, Section 46. Teletherapy unit(s)
- 902 KAR 100:072, Section 46. Gamma stereotactic radiosurgery unit(s)

PART 1 – TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including board certification, must have been obtained with the 7 years preceding the date of the 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 the continuing education and experience related to the above uses checked.

- 1. Board Certification**
 - a. Provide a copy of the board certification.
 - b. If using only 902 KAR 100:072 Section 46 go to 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 902 KAR 100:072, Section 46 Authorized User Requesting Additional Authorization for Part 72, Section 46 Use(s) Checked Above**
 - a. Go to the table in section 3.e. to document training for the new device
 - b. Skip to and complete Part II Preceptor Attestation
- 3. Training and Experience for Proposed Authorized User**
 - a. Classroom and laboratory training
 - Part 72, Section 74
 - Part 72, Section 75
 - Part 72, Section 77

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 Classroom and Laboratory Training			

AUTHORIZED USER TRAINING AND EXPERIENCE & PRECEPTOR ATTESTATION—SEALED SOURCE THERAPY (cont.)**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work and Clinical Experience for 902 KAR 100:072, Section 74. *(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)*

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Checking survey meters for proper operation			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of radioactive material			
Using emergency procedures to control radioactive material			
Total Hours of Work Experience			
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: <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		

AUTHORIZED USER TRAINING AND EXPERIENCE & PRECEPTOR ATTESTATION—SEALED SOURCE THERAPY (cont.)

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

c. Supervised Clinical Experience for 902 KAR 100:072, Section 75

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: 1)examination of each individual to be treated; 2) calculation of the dose to be administered; 3) administration of the dose; 4) and follow up and review of each individual’s case history			
Supervising Individual		Licensee/Permit Number on which the supervising individual is listed as an Authorized User	

d. Supervised Work and Clinical Experience for 902 KAR 100:072, Section 77

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

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	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			
Total Hours of Work Experience			

AUTHORIZED USER TRAINING AND EXPERIENCE & PRECEPTOR ATTESTATION—SEALED SOURCE THERAPY (cont.)

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

d. Supervised Work and Experience for 902 KAR 100:072, Section 77 (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: <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	Licensee/Permit Number on which the supervising individual is listed as an Authorized User	

e. For 902 KAR 100:072, Section 46 describe training provider and dates of training for each type of use for which authorization is sought in 902 KAR 100:072, Section 77(3)

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 provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>		License/Permit Number on which the supervising individual is listed as an Authorized User	
Authorized for the following types of use: <input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation

AUTHORIZED USER TRAINING AND EXPERIENCE & PRECEPTOR ATTESTATION—SEALED SOURCE THERAPY (cont.)**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 the 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 Part 72, Section 74

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of proposed Authorized User
 902 KAR 100:072, Section 74(1)(a) 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 902 KAR 100:072, Section 37.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 200 hours of classroom
Name of proposed Authorized User
 training and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 902 KAR 100:072, Section 74(2)(a) and (2)(b) 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 902 KAR 100:072, Section 37.

For Part 72, Section 75

Board Certification

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 902 KAR 100:072, Section 75(2) and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

SECOND SECTION

Check one of the following for each use requested:

For Part 72, Section 77

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of proposed Authorized User
 902 KAR 100:072, Section 77(1)(a)

OR

Training and Experience

I attest that _____ has satisfactorily completed the 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 902 KAR 100:072, Section 77(2)(a) and (2)(b)

AND

PRECEPTOR ATTESTATION (continued)

THIRD SECTION

For Part 72, Section 77: (continued)

- I attest that _____ has achieved training required in Part 72, Section 77(3)
Name of proposed Authorized User
 for the 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 _____ has achieved a level of competency sufficient to
Name of proposed Authorized User
 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 902 KAR 100:072, Sections 74, 75 and 77 or equivalent NRC or Agreement State requirements, as an authorized user for:
- 902 KAR 100:072, Section 37. Manual brachytherapy sources
 - 902 KAR 100:072, Section 37. Ophthalmic use of strontium-90
 - 902 KAR 100:072, Section 46. Remote afterloader unit(s)
 - 902 KAR 100:072, Section 46. Teletherapy unit(s)
 - 902 KAR 100:072, Section 46. Gamma stereotactic radiosurgery unit(s)

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