FORM RPS-8 AUS  KENTUCKY RADIATION HEALTH BRANCH

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR
ATTESTATION- THERAPEUTIC SEALED SOURCES
(for uses defined under 902 KAR 100, Part072, 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

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Location of Training</th>
<th>Clock Hours</th>
<th>Dates of Training*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation physics and instrumentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics pertaining to the use and measurement of radioactivity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation biology</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours of Classroom and Laboratory Training
### 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.)*

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

**Total Hours of Work Experience**

<table>
<thead>
<tr>
<th>Clinical experience in radiation oncology as part of an approved formal training program</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Dates of Experience*</th>
</tr>
</thead>
</table>

**Approved by:**

- [ ] Residency Review Committee for Radiation Oncology of the ACGME
- [ ] Royal College of Physicians and Surgeons of Canada
- [ ] Committee on Postdoctoral Training of the American Osteopathic Association

**Supervising Individual**

License/Permit Number listing supervising individual as an Authorized User
3. Training and Experience for Proposed Authorized User (continued)

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

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Clock Hours</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Licensee/Permit Number on which the supervising individual is listed as an Authorized User</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervising Individual

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Clock Hours</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewing full calibration measurements and periodic spot-checks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing treatment plans and calculating treatment doses and times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using administrative controls to prevent a medical event involving the use of radioactive material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking and using survey meters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selecting the proper dose and how it is to be administered</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours of Work Experience
### 3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Experience for 902 KAR 100:072, Section 77 (continued)

<table>
<thead>
<tr>
<th>Clinical experience in radiation oncology as part of an approved formal training program</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Residency Review Committee for Radiation Oncology of the ACGME</td>
<td></td>
<td></td>
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<tr>
<td>☐ Royal College of Physicians and Surgeons of Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Committee on Postdoctoral Training of the American Osteopathic Association</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervising Individual License/Permit Number on which the supervising individual is listed as an Authorized User

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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)

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Training Provider and Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Remote Afterloader</td>
</tr>
</tbody>
</table>

| 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 on which the supervising individual is listed as an Authorized User

Authorized for the following types of use:

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

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f. Provide completed 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.

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 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 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 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
--- | --- | --- | ---
Licensee/Permit Number/Facility Name