



**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

(for uses defined under 902 KAR 100:072, Section 65)

Rev. 11/2012

Name of Proposed Authorized Medical Physicist

Requested Authorization(s) (check all that apply)

- 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 within 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 uses checked above.

- 1. Board Certification**
 - a. Provide a copy of the board certification.
 - b. Go to the table in 3.c. 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 Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**
 - a. Go to the table in section 3.c. to document training for new device
 - b. Skip to and complete Part II Preceptor Attestation
- 3. Education, Training and Experience for Proposed Authorized Medical Physicist**
 - a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
College or University	

b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1.0 MeV) and brachytherapy services.

- Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.
- AND**
- Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE & PRECEPTOR ATTESTATION (cont.)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

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

Description of Training/Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote after loading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote afterloading unit(s).			
Supervising Individual**	Licensee/Permit Number on which the supervising individual is listed as an Authorized Medical Physicist		

For the following types of use:

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

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1.0 MeV) and brachytherapy services.)

* 1 Year of full-time medical physics training and 1 year of full-time work experience cannot be concurrent.

** If supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 902 KAR 100:072, Sections 63 and 65 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE & PRECEPTOR ATTESTATION (cont.)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. 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
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			

Supervising Individual. *If training is provided by Supervising Medical Physicist (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

License/Permit Number on which the supervising individual is listed as an Authorized Medical Physicist

For the following types of use:

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

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
Part 72, Section 37. Ophthalmic use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE & PRECEPTOR ATTESTATION (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 all training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

FIRST SECTION

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of proposed Authorized Medical Physicist
 902 KAR 100:072, Section 65(1)(a) and (1)(b)

OR

2. Education, Training and Experience

I attest that _____ has satisfactorily completed the 1-year of full-time
Name of proposed Authorized Medical Physicist
 training in medical physics and an additional year of full-time work experience as required by 902 KAR 100:072, Section 65(2)(a).

AND

SECOND SECTION

Complete the following:

I attest that _____ has training for the types of use for which authorization
Name of proposed Authorized Medical Physicist
 is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

THIRD SECTION

Complete the following:

I attest that _____ has achieved a level of competency sufficient to
Name of proposed Authorized Medical Physicist
 function independently as an Authorized Medical Physicist for the following:

- | | |
|--|---|
| <input type="checkbox"/> Part 72, Section 37. Ophthalmic use of strontium-90 | <input type="checkbox"/> Part 72, Section 46. Remote afterloader unit(s) |
| <input type="checkbox"/> Part 72, Section 46. Teletherapy unit(s) | <input type="checkbox"/> Part 72, Section 46. Gamma stereotactic radiosurgery unit(s) |

AND

FOURTH SECTION

Complete the following for preceptor attestation and signature:

I meet the requirements in 902 KAR 100:072, Section 65, or equivalent Agreement State or NRC requirements for Authorized Medical Physicist for the following:

- | | |
|--|---|
| <input type="checkbox"/> Part 72, Section 37. Ophthalmic use of strontium-90 | <input type="checkbox"/> Part 72, Section 46. Remote afterloader unit(s) |
| <input type="checkbox"/> Part 72, Section 46. Teletherapy unit(s) | <input type="checkbox"/> Part 72, Section 46. Gamma stereotactic radiosurgery unit(s) |

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