

Instructions to Become an Authorized User, Authorized Medical Physicist or an Authorized Medical Physicist

The University of Virginia's Radioactive Materials License, issued by the Virginia Department of Health, Radioactive Materials Program requires the following:

- A. The use of licensed material in or on humans **shall be by an authorized user** as defined in the Virginia Radiation Protection Regulations, 12 VAC5-481-10.
- B. Individuals requesting to work as authorized users (12VAC5-481-1790), authorized medical physicists (12VAC5-481-1760) or authorized nuclear pharmacist (12VAC5-481-1770) shall meet the training, experience, and recentness of training criteria listed in 12 VAC5-481-1790, and shall be **designated, in writing, by the University of Virginia's Radiation Safety Committee.**

All applications for designation as an authorized user, authorized medical physicist or authorized nuclear pharmacist must be submitted to EHS. Documentation of the individuals training, experience and recentness of experience must accompany each application. If documentation is complete, the application will be presented to the Radiation Safety Committee for final approval.

Please contact the Radiation Safety Officer for assistance when applying for authorizations.

Following is a brief description of the type of documentation that will be required for:

- **Adding an experienced** authorized user, authorized medical physicist or authorized nuclear pharmacist:
Submit the appropriate completed application and provide evidence that the individual is listed on a medical use license issued by the NRC or Agreement State, a permit issued by an NRC master materials licensee, a permit issued by an NRC or Agreement State broad-scope licensee, or a permit issued by an NRC master material broad-scope permittee, provided that the individual is authorized for the same types of use(s) requested in the application under review, and the individual meets the recentness of training criteria described in 12 VAC5-481-1790.
- **Adding a new** authorized user, authorized medical physicist or authorized nuclear pharmacist :
Submit the appropriate completed application and attestation form to show that the individual meets the training and experience criteria. The forms are:
 - Attestation-B for the authorized user of the medical uses where written directive not required (12VAC5-481-1900, 1920 and 2030);
 - Attestation-C for the authorized user for the medical use of unsealed Radioactive Material Requiring a Written Directive (12VAC5-481-1950);
 - Attestation-D for Manual Brachytherapy(12VAC5-481-2040)
 - Attestation-E **for** Authorized User Of Remote Afterloader, Teletherapy Or Gamma Stereotactic Radiosurgery Units (12VAC5-481-2040);
 - Attestation-F (AMP) for the authorized medical physicist;
 - Attestation-G (ANP): and
 - AU Radioseed Localization Preceptor Form.

Specialty Board(s) Certification Recognized by the NRC under 10 CFR Part 35 can be found at:
<http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>

UVA AUTHORIZED USER APPLICATION

Environmental Health and Safety
P.O. Box 400322
University of Virginia
Charlottesville, VA 22901

PART 1 (TO BE COMPLETED BY APPLICANT):		
1. Complete Part 1 2. Submit the required documents 3. Sign and date at the end of Part 1 4. Return completed form to the Environmental Health and Safety Office (EHS) at the address provided above		
Name (Last, First, MI – Please print)	UVa Computing ID (e.g. drr2c)	
Virginia Board of Medicine License Number: (Include a copy of your license)		
Are you currently an AU on an NRC, Agreement State, Broad Scope or Master Material License? <input type="checkbox"/> Yes If yes, list the license number, Agency and provide a copy if possible: <input type="checkbox"/> No If no, complete the appropriate training, experience and attestation form and submit with this application.		
I am requesting to be an AU for the following modalities: <input type="checkbox"/> 12VAC5-481-1900 (Uptake, Dilution and Excretion) <input type="checkbox"/> 12VAC5-481-1920 (Imaging and Localization) <input type="checkbox"/> 12VAC5-481-1950 (WD) <input type="checkbox"/> 12VAC5-481-2010 (Brachytherapy) <input type="checkbox"/> 12VAC5-481-2020 (Sealed Source Diagnostic) <input type="checkbox"/> 12VAC5-481-2040 (HDR, Teletherapy) <input type="checkbox"/> 12VAC5-481-2060 (Emerging Technology : Y-90, RSL, Gamma Knife, GliaSite, IVB and ViewRay)		
I have reviewed this application and attest that the information provided in this application and attachments is correct. I have completed the required training and experience documented in this application under the supervision or direction of the individual(s) named as Preceptor. I understand that this information is necessary to document that I meet the requirements outlined in the Virginia Radiation Protection Regulations and to obtain the authorization for medical uses of radioactive material under the University of Virginia's Broad ByProduct Radioactive Materials License.		
Signature	Date:	
PART 2 (TO BE COMPLETED BY EHS):		
Date Received:	Received the proper documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical license verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		
Date submitted to RSC for approval:	RSC approval received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date approved:
Name (Please print)	Signature	Date

UVA AUTHORIZED MEDICAL PHYSICIST APPLICATION

Environmental Health and Safety
P.O. Box 400322
University of Virginia
Charlottesville, VA 22901

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1. Complete Part 1 2. Submit the required documents 3. Sign and date at the end of Part 1 4. Return completed form to the Environmental Health and Safety Office (EHS) at the address provided above		
Name (Last, First, MI – Please print)	UVa Computing ID (e.g. drr2c)	
Are you currently an AMP on an NRC, Agreement State, Broad Scope or Master Material License? <input type="checkbox"/> Yes If yes, list the license number, Agency and provide a copy if possible: <input type="checkbox"/> No If no, complete the appropriate training, experience and attestation form and submit with this application.		
I am requesting to be an Amp for the following modalities: <input type="checkbox"/> 12VAC5-481-2040 (HDR, Teletherapy) <input type="checkbox"/> 12VAC5-481-2060 (Emerging Technology: Gamma Knife or IVB)		
I have reviewed this application and attest that the information provided in this application and attachments is correct. I have completed the required training and experience documented in this application under the supervision or direction of the individual(s) named as Preceptor. I understand that this information is necessary to document that I meet the requirements outlined in the Virginia Radiation Protection Regulations and to obtain the authorization for medical uses of radioactive material under the University of Virginia's Radioactive Materials License.		
Signature	Date:	
PART 2 (TO BE COMPLETED BY EHS):		
Date Received:	Received the proper documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		
Date submitted to RSC for approval:	RSC approval received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date approved:
Name (Please print)	Signature	Date

UVA AUTHORIZED NUCLEAR PHARMACIST APPLICATION

Environmental Health and Safety
P.O. Box 400322
University of Virginia
Charlottesville, VA 22901

PART 1 (TO BE COMPLETED BY APPLICANT):		
1. Complete Part 1 2. Submit the required documents 3. Sign and date at the end of Part 1 4. Return completed form to the Environmental Health and Safety Office (EHS) at the address provided above		
Name (Last, First, MI – Please print)	UVa Computing ID (e.g. drr2c)	
Are you currently an ANP on an NRC, Agreement State, Broad Scope or Master Material License? <input type="checkbox"/> Yes If yes, list the license number, Agency and provide a copy if possible: <input type="checkbox"/> No If no, complete the appropriate training, experience and attestation form and submit with this application.		
I have reviewed this application and attest that the information provided in this application and attachments is correct. I have completed the required training and experience documented in this application under the supervision or direction of the individual(s) named as Preceptor. I understand that this information is necessary to document that I meet the requirements outlined in the Virginia Radiation Protection Regulations and to obtain the authorization for medical uses of radioactive material under the University of Virginia's Radioactive Materials License.		
Signature	Date:	
PART 2 (TO BE COMPLETED BY EHS):		
Date Received:	Received the proper documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		
Date submitted to RSC for approval:	RSC approval received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date approved:
Name (Please print)	Signature	Date