

# University of Virginia

## Medical Use **AUTHORIZED USER APPLICATION**

*Questions? Contact the Radiation Safety Program at 2-4919*

<b>PART 1 (TO BE COMPLETED BY APPLICANT):</b>		
1. Complete Part 1 2. Sign and date at the end of Part 1 3. Submit the required documents 4. Return completed form to the RSO by email		
Name (Last, First, MI – Please print)	UVa Computing ID (e.g. drr2c)	
Virginia Board of Medicine License Number: <i>(Include a copy of your license)</i>		
Are you currently an AU on an NRC, Agreement State, Broad Scope or Master Material License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the license number, Agency and provide a copy if possible: If no, are you board certified? <input type="checkbox"/> Yes (include a copy of your certification)      No If no, complete the appropriate training, experience and attestation form and submit with this application. <a href="http://ehs.virginia.edu/Radiation-Safety-Medical.html">http://ehs.virginia.edu/Radiation-Safety-Medical.html</a>		
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 (Administration Requiring Written Directive) <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, RadioSeed Localization, Gamma Knife, GliaSite, IVB, ViewRay)		
<i>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.</i>		
Signature:	Date:	
<b>PART 2 (TO BE COMPLETED BY RSP):</b>		
Date Received:	Documentation complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical license verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		
HP/ARSO Review:	<input type="checkbox"/> Approval Recommended	
Comments:		
Signature:	Date:	
RSO/ARSO Review:	<input type="checkbox"/> Approval Recommended	
Comments:		
Signature:	Date:	
AU NUMBER ASSIGNED:		