Virginia Department of Health
Radioactive Materials Program
(804) 864-8150

TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – E
(Authorized User of Remote Afterloader, Teletherapy or Gamma Stereotactic Radiosurgery Units)

The Virginia Department of Health (VDH) is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material. For authorized user of remote afterloader, teletherapy, or gamma stereotactic radiosurgery units **(12VAC5-481-2040).**

Instructions: Complete all applicable items. Refer to VAREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Name of Individual

2. State Licensure

☐ A copy of license to practice Medicine in Virginia is attached

3. Certification (attach copy of current certificate)

Specialty Board	Category	Month and Year Certified

4. Device-Specific Training

☐ Documentation of device-specific training is attached.

5. Classroom and Laboratory Training

Individuals who are using Board Certification to meet **12VAC5-481, Part VII** training and experience requirements do no need to complete Items 5-8.

Description of Training	Location	Dates and Clock Hours of Training
Radiation Physics and Instrumentation		
Radiation Protection		
Mathematics Pertaining to Use and Measurement of Radioactivity		
Radiation Biology		

6. Supervised Work Experience

Description of Experience	Location	Dates of Experience
Reviewing Full Calibration Measurements and Periodic Spot Checks		
Preparing Treatment Plans and Calculating Treatment Times and Doses		
Using Administrative Controls to Prevent a Medical Event of the Abnormal Operation of Medical Unit or Console		
Checking and Using Survey Meters		
Selecting the Proper Dose and How it is to be Administered		

7. Supervised Clinical Experience in Radiation Therapy

Type of Use	Number of Cases	Location	Dates of Experience

8. Supervising Individual – Identification and Qualifications

If more than one supervising individual is needed to meet requirements in **12VAC5-481, Part VII,** provide the following information for each.

☐ Supervisor meets the requirements of **12VAC5-481-2040** or equivalent NRC or another Agreement State requirement for the type(s) of use for which the person named in Item 1 is seeking authorization.

Name of Supervising Individual

Name of License on which Supervising Individual is Authorized	Materials License Number –(Indicate which State or if NRC)

PART II – PRECPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

9. Preceptor Approval and Attestation

☐ I am an authorized user authorized for the type(s) of use for which the individual named in Item 1 is seeking authorized user status.

I attest that the individual named in Item 1

☐ Has satisfactorily completed the training requirements in **12VAC5-481-2040**;

AND

☐ Has achieved a level of competency sufficient to independently function as an authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status.

Name of License on which Preceptor is Authorized	Materials License Number –(Indicate which State or if NRC)

Print Name of Preceptor

SIGNATURE – Preceptor	Date Signed