



TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – D
(Authorized User for Manual Brachytherapy Sources)

The Virginia Department of Health 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.

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 |
|-----------------|----------|--------------------------|
| | | |

Note: Items 4-8 do not need to be completed when using Board Certification to meet **12VAC5-481, Part VII**, training and experience requirements.
 Note: Items 4-6 do not need to be completed for individuals requesting ophthalmic use only.

4. Classroom and Laboratory Training

| 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 | | |

5. Supervised Work Experience

| Description of Experience | Location | Dates of Experience |
|--|----------|---------------------|
| Ordering, receiving and unpacking radioactive materials | | |
| Checking survey meters for proper operation and performing radiation surveys | | |
| Preparing, implanting and removing brachytherapy sources | | |
| Maintaining running inventories of radioactive materials on hand | | |
| Using administrative controls to avoid medical events in the administration of radioactive material. | | |

6. Supervised Clinical Experience in Radiation Oncology

| Description of Experience | Location | Dates of Experience |
|---------------------------|----------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

7a. Training and Experience for Ophthalmic uses of Strontium-90 under 12VAC5-481-2010 N/A

Classroom and Laboratory training for Ophthalmic uses of Strontium-90

| Description of Experience | Location | Dates of Experience |
|--|----------|---------------------|
| Radiation Physics and Instrumentation | | |
| Radiation Protection | | |
| Mathematics Pertaining to Use and Measurement of Radioactivity | | |
| Radiation Biology | | |

7b. Supervised Clinical Training for Ophthalmic use of Strontium-90. N/A

| Description of Topics | Number of Cases Involving Personal Participation | Location | Dates of Experience |
|--|--|----------|---------------------|
| Examination of each person to be treated | | | |
| Calculation of the dose to be administered. | | | |
| Administration of Dose | | | |
| Follow-up and review of each individual's case history | | | |

8. Supervising Individual – Identification and Qualifications

If more than one supervising individual is needed to meet requirements in **12 VAC 5-481, Part VII**, provide the following information for each.

Supervisor meets the requirements of **12VAC5-481-2010** or equivalent NRC or another Agreement State requirements 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 – PRECEPTOR 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 meet VDH requirements to be a preceptor authorized user for the type(s) of use for which the individual named in Item 1 is seeking authorization.

N/A **Manual Brachytherapy**

Has satisfactorily completed the training requirements in **12VAC5-481-2010**;

AND

Has achieved a level of competency sufficient to independently function as an authorized user of manual brachytherapy sources for the medical uses authorized under **12VAC5-481-2010**.

N/A **Ophthalmic Uses of Strontium-90**

I attest that the individual named in Number 1 has:

Satisfactorily completed the training requirements in **12VAC5-481-2010**

Achieved a level of competency sufficient to function independently as an authorized user of Strontium-90 for ophthalmic use.

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