

**Ohio Department of Health**  
**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**  
 [OAC 3701:1-58-19]

Name of Proposed Authorized Medical Physicist \_\_\_\_\_

Requested Authorization(s): (check all that apply)

- 3701:1-58-43     3701:1-58-55 (remote afterloader)     3701:1-58-55 (teletherapy)
- 3701:1-58-55 (gamma stereotactic surgery)     3701:1-58-72 (\_\_\_\_\_)

**PART I – TRAINING AND EXPERIENCE**  
 (select one of the four methods below)

In accordance with OAC 3701:1-58-22 the training and experience, including board certification, must have been obtained within seven 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 continuing education and experience related to the uses checked above.

1. **Board Certification** [3701:1-58-19(A)(1) & (A)(2), or (B)(1)]
- a. Provide a copy of the board certification. (A list of approved board certifications is located at <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html> )
  - b. Use Table 3.c to describe the training provider and dates of training. [3701:1-58-19(C)]
  - c. Skip to and complete Part II Preceptor Attestation [3701:1-58-19(B)(2)]

**OR**

2. **Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**
- a. Use the table in section 3.c to describe hands on device training, safety procedures, clinical use and operation of a treatment planning system procedures for the additional types of medical use for which recognition as AMP is sought. [3701:1-58-19(C)]
  - b. Skip to and complete Part II Preceptor Attestation [3701:1-58-19(B)(2)]

**OR**

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** [3701:1-58-19(B)(1)]
- 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 [3701:1-58-19(B)(1)]

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 million electron volts) 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 training in medical physics (for areas identified below) under the supervision of \_\_\_\_\_ who meets the requirements for an Authorized Medical Physicist.

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**PART I – TRAINING AND EXPERIENCE (continued)**

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

- b. Supervised Radiation Safety Experience [3701:1-58-19(B)(1)]  
 (if more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section)

Description of Training / Experience	Location of Training & License Number of Facility & Medical Device 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 afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote afterloading unit(s)			

Supervising Individual	License number listing the supervising individual as an Authorized Medical Physicist
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The license authorizes the following medical uses:

3701:1-58-43     
  3701:1-58-55 (remote afterloader)     
  3701:1-58-55 (teletherapy)  
 3701:1-58-55 (gamma stereotactic surgery)     
  3701:1-58-72 ( \_\_\_\_\_ )

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with greater than or equal to 1 million electron volts) and brachytherapy services.

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

\*\* If the supervising medical physicist is not an authorized medical physicist, the license must submit evidence that the supervising medical physicist meets the training and experience requirements in OAC rules 3701:1-58-19 and 3701:1-58-22 for the types of use for which the individual is seeking authorization.

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**PART I – TRAINING AND EXPERIENCE (continued)**

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 [3701:1-58-19(B)]

Description of Training	Training Provider Dates of Training		
	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			

<b>Supervising Individual</b> <i>If training was provided by supervising Medical Physicist (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>	<b>License number listing the supervising individual</b>
For the following types of use: <input type="checkbox"/> Remote Afterloader Unit(s) <input type="checkbox"/> Teletherapy Unit(s) <input type="checkbox"/> Gamma Stereotactic Radiosurgery Unit(s)	

If Applicable:

Authorized Sought	Device	Training Provided By	Dates of Training
3701:1-58-43 Ophthalmic Use of Strontium-90			

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d. Skip to and complete Part II Preceptor Attestation.

**PART II – PRECEPTOR ATTESTATION**  
 [OAC 3701:1-58-19(B)(2)]

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, and verifies the training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Complete all four sections

**Part II – Section I – (check one of the following)**

**1. Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
 Name of proposed Authorized Medical Physicist  
 OAC 3701:1-58-19(A)(1) and (A)(2)

**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 OAC 3701:1-58-19(B)(1).

**AND**

**Section II**

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**

**Section III**

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:  
 3701:1-58-43       3701:1-58-55 (remote afterloader)       3701:1-58-55 (teletherapy)  
 3701:1-58-55 (gamma stereotactic surgery)       3701:1-58-72 (\_\_\_\_\_)

**AND**

**Section IV**

I meet the requirements in OAC rule 3701:1-58-19, or equivalent NRC or Agreement State requirements for Authorized Medical Physicist for the following:  
 3701:1-58-43       3701:1-58-55 (remote afterloader)       3701:1-58-55 (teletherapy)  
 3701:1-58-55 (gamma stereotactic surgery)       3701:1-58-72 (\_\_\_\_\_)

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