

Ohio Department of Health
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

OAC 3701:1-58-51 – Manual Brachytherapy
 OAC 3701:1-58-52 – Ophthalmic Use of Strontium-90
 OAC 3701:1-58-71 - Remote Afterloader, Teletherapy and Gamma stereotactic radiosurgery

Name of Proposed Authorized User _____

License number _____ authorizes the following medical uses

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

- OAC 3701:1-58-43 Manual brachytherapy Sources OAC 3701:1-58-55 Remote afterloader unit(s) - HDR
- OAC 3701:1-58-43 Ophthalmic use of Strontium-90 OAC 3701:1-58-55 Gamma stereotactic radiosurgery unit(s)
- OAC 3701:1-58-55 Teletherapy

PART I – TRAINING AND EXPERIENCE
 (select one of the three 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**
- 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. For OAC 3701:1-58-55, go to Table 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation
2. **Current OAC 3701:1-58-55 Authorized User Seeking Additional Authorization for 3701:1-58-55 Use(s) checked above**
- a. Go to the table in section 3.e. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation
3. **Training and Experience for Proposed Authorized User**
- a. Classroom and Laboratory Training
- OAC 3701:1-58-51 Manual Brachytherapy OAC 3701:1-58-52 Ophthalmic Stronitum-90 Use
- OAC 3701:1-58-71 HDR, Gamma stereotactic Radiosurgery, Teletherapy

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
	Total hours of training		

PART I – TRAINING AND EXPERIENCE (continued)

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3. Training and Experience for Proposed Authorized User (continued)

- b. Supervised Work and Clinical Experience for OAC 3701:1-58-51 – Manual Brachytherapy (if more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience must include:	Location of Experience & License Number of Facility	Dates of Experience	
Ordering , receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Checking survey meters for proper operation			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of radioactive material			
Using emergency procedures to control radioactive materials			

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience & License Number of Facility	Dates of Experience*	
Residency Review Committee for Radiation Oncology of the ACGME			
Royal College of Physicians and Surgeons of Canada			
Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License number listing supervising individual as an Authorized User		

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PART I – TRAINING AND EXPERIENCE (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised clinical experience for OAC 3701:1-58-52 – Ophthalmic Use of Strontium-90

Description of Experience	Location of Experience / License Number of Facility	Number of Cases	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License Number listing Supervising Individual as an Authorized User	

d. Supervised Work and Clinical Experience for OAC 3701:1-58-71

- Remote Afterloader
 Teletherapy Unit(s)
 Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience	Total Hours of Experience	
Description of Experience Must Include:	Location of Experience / License Number of Facility	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks		
Preparing treatment plans and calculating treatment doses and times		
Using administrative controls to prevent a medical event involving the use of radioactive material		
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		
Checking and using survey meters		
Selecting the proper dose and how it is to be administered		

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PART I – TRAINING AND EXPERIENCE (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for OAC 3701:1-58-71 (Continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience / License Number of Facility	Dates of Experience*
Approved by: Residency Review		
Residency Review Committee for Radiation Oncology of the ACGME Royal College of Physicians and Surgeons of Canada Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License Number listing Supervising Individual as an Authorized User	

e. For OAC 3701:1-58-55 use, describe the training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation			
Safety procedures for the device use			
Clinical use of the device			
Supervising Individual <i>If training was provided by supervising individual (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>	License number listing the supervising individual as Authorized User		
Authorized for the following types of use: <input type="checkbox"/> OAC 3701:1-58-55 remote afterloader <input type="checkbox"/> OAC 3701:1-58-55 teletherapy <input type="checkbox"/> OAC 3701:1-58-55 gamma stereotactic surgery unit			

f. Provide completed Part II Preceptor Attestation.

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PART II – PRECEPTOR ATTESTATION

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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual’s “general clinical competency.”

Part II- First Section

Check one of the following for each requested authorization:

For OAC 3701:1-58-51 - Manual Brachytherapy Sources:

Board Certification

I attest that (name of proposed AU) _____ has satisfactorily completed the requirements in OAC 3701:1-58-51(A)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under OAC 3701:1-58-43.

OR

Training and Experience

I attest that (name of proposed AU) _____ has satisfactorily completed the 200 hours of classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by OAC 3701:1-58-51(B)(1) and (B)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under OAC 3701:1-58-43.

For OAC 3701:1-58-52 - Ophthalmic Use of Strontium-90:

I attest that (name of proposed AU) _____ has satisfactorily completed the 24 hours of classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, and has used strontium-90 for ophthalmic treatment of 5 individuals, as required by OAC 3701:1-58-42(B), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Part II- Second Section

For OAC 3701:1-58-71 remote afterloader, teletherapy gamma stereotactic surgery unit

Board Certification

I attest that (name of proposed AU) _____ has satisfactorily completed the requirements in OAC 3701:1-58-71(A)(1).

OR

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PRECEPTOR ATTESTATION (Continued)

Training and Experience

I attest that (name of proposed AU) _____ has satisfactorily completed the 200 hours of classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by OAC 3701:1-58-71(B)(1) and (B)(2).

AND

Part II- Third Section

For OAC 3701:1-58-71 remote afterloader, teletherapy gamma stereotactic surgery unit :

I attest that (name of proposed AU) _____ has received training required in OAC 3701:1-58-71(C) for device operation, safety procedures, and clinical use for the type(s) of use which authorization is sought, as checked below.

- Remote Afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

AND

Part II- Fourth Section

I attest that (name of proposed AU) _____ has achieved a level of competency sufficient to function independently as an authorized user for:

- Remote Afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

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AND

Part II- Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 3701:1-58-51, 3701:1-58-52 and 3701:1-58-71, as an authorized user for:

- OAC 3701:1-58-43 Use of sealed sources for manual brachytherapy
- OAC 3701:1-58-43 Ophthalmic use of strontium-90
- OAC 3701:1-58-55 Remote afterloader unit(s)
- OAC 3701:1-58-55 Teletherapy unit(s)
- OAC 3701:1-58-55 Gamma stereotactic radiosurgery unit(s)

Preceptor Name	Preceptor Signature
Telephone number	Date
License Number / Facility Name	