



Arizona Radiation Regulatory Agency
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**RADIATION SAFETY OFFICER
 TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**

Name of Proposed Radiation Safety Officer

State or Territory Where Licensed

Requested Authorization(s). The license authorizes the following medical uses. (Check all that apply.)

- Group 100 Group 200 Group 300 Group 400 Group 500
 Group 600 (*remote afterloader*) Group 600 (*teletherapy*)
 Group 600 (*gamma stereotactic radiosurgery*) Emerging Technology (_____)

PART I – TRAINING AND EXPERIENCE

(Select one of the four methods below)

* Training and experience, including board certification, must have been obtained within seven years preceding the date of 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**
- Provide a copy of the board certification.
 - Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
 - Skip to Part II - Preceptor Attestation.
- 2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**
- Use the table in Section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for which recognition as RSO is sought.
 - Skip to Part II - Preceptor Attestation.

3. Structured Educational Program for Proposed Radiation Safety Officer

a. Classroom and Laboratory Training

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			
Radiation dosimetry			

Total Hours of Training:

**RADIATION SAFETY OFFICER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

Description of Experience	Location of Training and License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling radioactive material		
Using administrative controls to avoid mistakes in administration of radioactive material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control radioactive material		
Disposing of radioactive material		
Licensed material used (e.g., Group 100, Group 200, etc.)** <hr/> <hr/> <hr/> <hr/>		

* Training and experience must have been obtained within seven years preceding the date of 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.

** Choose all applicable Group(s) 100-600 to describe radioisotopes and quantities used.

**RADIATION SAFETY OFFICER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License or Permit Number listing the supervising individual as a Radiation Safety Officer
The license authorizes the following medical uses:	
<input type="checkbox"/> Group 100 <input type="checkbox"/> Group 200 <input type="checkbox"/> Group 300 <input type="checkbox"/> Group 300 <input type="checkbox"/> Group 300 <input type="checkbox"/> Group 600 (<i>remote afterloader</i>) <input type="checkbox"/> Group 600 (<i>teletherapy</i>) <input type="checkbox"/> Group 600 (<i>gamma stereotactic radiosurgery</i>) <input type="checkbox"/> Emerging Technology (_____)	

c. Describe the training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provider	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for Group 100, Group 200, Group 500		
Radiation safety, regulatory issues, and emergency procedures for Group 300 uses		
Radiation safety, regulatory issues, and emergency procedures for Group 400 uses		
Radiation safety, regulatory issues, and emergency procedures for Group 600– teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for Group 600– remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for Group 600– gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for Emerging Technology, specify use(s):		

* Training and experience must have been obtained within seven years preceding the date of 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.

**RADIATION SAFETY OFFICER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license. (continued)

Supervising Individual If training was provided by supervising RSO, AU, ANP, AMP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)	License or Permit Number listing the supervising individual as a Radiation Safety Officer																			
<p>The license or Permit lists supervising individual as:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Radiation Safety Officer (RSO)</td><td><input type="checkbox"/> Authorized User (AU)</td></tr><tr><td><input type="checkbox"/> Authorized Nuclear Pharmacist (ANP)</td><td><input type="checkbox"/> Authorized Medical Physicist (AMP)</td></tr></table> <p>Authorized as RSO, AU, ANP, AMP for the following medical uses:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Group 100</td><td><input type="checkbox"/> Group 200</td><td><input type="checkbox"/> Group 300</td><td><input type="checkbox"/> Group 400</td><td><input type="checkbox"/> Group 500</td></tr><tr><td><input type="checkbox"/> Group 600 (remote afterloader)</td><td></td><td></td><td><input type="checkbox"/> Group 600 (teletherapy)</td><td></td></tr><tr><td><input type="checkbox"/> Group 600 (gamma stereotactic radiosurgery)</td><td></td><td></td><td><input type="checkbox"/> Emerging Technology (_____)</td><td></td></tr></table>		<input type="checkbox"/> Radiation Safety Officer (RSO)	<input type="checkbox"/> Authorized User (AU)	<input type="checkbox"/> Authorized Nuclear Pharmacist (ANP)	<input type="checkbox"/> Authorized Medical Physicist (AMP)	<input type="checkbox"/> Group 100	<input type="checkbox"/> Group 200	<input type="checkbox"/> Group 300	<input type="checkbox"/> Group 400	<input type="checkbox"/> Group 500	<input type="checkbox"/> Group 600 (remote afterloader)			<input type="checkbox"/> Group 600 (teletherapy)		<input type="checkbox"/> Group 600 (gamma stereotactic radiosurgery)			<input type="checkbox"/> Emerging Technology (_____)	
<input type="checkbox"/> Radiation Safety Officer (RSO)	<input type="checkbox"/> Authorized User (AU)																			
<input type="checkbox"/> Authorized Nuclear Pharmacist (ANP)	<input type="checkbox"/> Authorized Medical Physicist (AMP)																			
<input type="checkbox"/> Group 100	<input type="checkbox"/> Group 200	<input type="checkbox"/> Group 300	<input type="checkbox"/> Group 400	<input type="checkbox"/> Group 500																
<input type="checkbox"/> Group 600 (remote afterloader)			<input type="checkbox"/> Group 600 (teletherapy)																	
<input type="checkbox"/> Group 600 (gamma stereotactic radiosurgery)			<input type="checkbox"/> Emerging Technology (_____)																	

d. Skip to Part II.

OR

4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license.

- a. Provide the License Number.
- b. Use the table in Section 3.c. to describe the training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to Part II - Preceptor Attestation.

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

First Section

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer
R12-1-710(A)(1).

OR

2. Structured Educational Program for Proposed Radiation Safety Officers

I attest that _____ has satisfactorily completed a structured educational
Name of Proposed Radiation Safety Officer
program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by R12-1-710(A)(2)

OR

**RADIATION SAFETY OFFICER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

Preceptor Attestation (continued)

First Section (continued)

3. Additional Authorization as Radiation Safety Officer

I attest that _____ is one of the following:
Name of Proposed Radiation Safety Officer

- Authorized User (AU) Authorized Nuclear Pharmacist (ANP) Authorized Medical Physicist

Identified on the licensee's radioactive materials license and has experience with the radiation safety aspects of similar types(s) of use of radioactive material for which the individual has Radiation Safety Officer responsibilities.

AND

Second Section

Complete for all. (Check all that apply.)

I attest that _____ has training in the radiation safety, regulatory issues,
Name of Proposed Radiation Safety Officer
and emergency procedures for the following types of use:

- Group 100
- Group 200
- Group 300 (oral administration of less than or equal to 33 millicuries of sodium iodine I-131, for which a written directive is required)
- Group 300 (oral administration of greater than 33 millicuries of sodium iodine I-131)
- Group 300 (parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy of less than 150 keV for which a written directive is required)
- Group 300 (parenteral administration of any other radionuclide for which a written directive is required)
- Group 400
- Group 500
- Group 600 (remote afterloader)
- Group 600 (teletherapy)
- Group 600 (gamma stereotactic radiosurgery)
- Emerging technologies, including:

**RADIATION SAFETY OFFICER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION** *(continued)*

AND

**Third Section
Complete for ALL**

I attest that _____ has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
Sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section
Complete the following for Preceptor Attestation and signature**

I am a Radiation Safety Officer for: _____
Name of Facility

License or Permit Number: _____

Name of Preceptor	Signature	Date
Telephone Number	License or Permit Number and Facility Name	