



**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 administrated.			
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)
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**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