**PART I -- TRAINING AND EXPERIENCE**

*Select one of the four methods below*

"Training and Experience, including board certification, must have been obtained within the 7 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**
   a. Provide a copy of the board certification.
   b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
   c. Skip to and complete Part II Preceptor Attestation.

OR

2. **Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**
   a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
   b. Skip to and complete Part II Preceptor Attestation.

OR

3. **Structured Educational Program for Proposed Radiation Safety Officer**
   a. Classroom and Laboratory Training

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Location of Training</th>
<th>Clock Hours</th>
<th>Dates of Training*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation physics and instrumentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics pertaining to the use and measurement of radioactivity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation biology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation dosimetry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours of Training:**
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.)*

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Location of Training/ License or Permit Number of Facility</th>
<th>Dates of Training*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shipping, receiving, and performing related radiation surveys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securing and controlling byproduct material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using administrative controls to avoid mistakes in administration of byproduct material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using emergency procedures to control byproduct material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposing of byproduct material</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Licensed Material Used (e.g., 35.100, 35.200, etc.)+

+ Choose all applicable sections of 10 CFR Part 35 to describe radiisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).
3. **Structured Educational Program for Proposed Radiation Safety Officer (continued)**

b. Supervised Radiation Safety Experience (continued)

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

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Number listing supervising individual as a Radiation Safety Officer</th>
</tr>
</thead>
</table>

This license authorizes the following medical uses:

- [ ] 35.100
- [ ] 35.200
- [ ] 35.300
- [ ] 35.400
- [ ] 35.500
- [ ] 35.600 (remote afterloader)
- [ ] 35.600 (teletherapy)
- [ ] 35.600 (gamma stereotactic radiosurgery)
- [ ] 35.1000

---

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

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Training Provided By</th>
<th>Dates of Training*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation safety, regulatory issues, and emergency procedures for 35.300 uses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation safety, regulatory issues, and emergency procedures for 35.400 uses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
   License/Permit Number listing supervising individual

   License/Permit lists supervising individual as:
   - Radiation Safety Officer
   - Authorized User
   - Authorized Nuclear Pharmacist
   - Authorized Medical Physicist

   Authorized as RSO, AU, ANP, or AMP for the following medical uses:
   - 35.100
   - 35.200
   - 35.300
   - 35.400
   - 35.500
   - 35.600 (remote afterloader)
   - 35.600 (teletherapy)
   - 35.600 (gamma stereotactic radiosurgery)
   - 35.1000

   d. Skip to and complete Part II Preceptor Attestation.

   OR

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

   a. Provide license number.
   b. 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.
   c. Skip to and complete 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 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 [Name of Proposed Radiation Safety Officer] has satisfactorily completed the requirements in 10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

   OR

2. Structured Educational Program for Proposed Radiation Safety Officers
   - I attest that [Name of Proposed Radiation Safety Officer] has satisfactorily completed a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

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

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

☐ 3. Additional Authorization as Radiation Safety Officer

☐ I attest that ____________________________ is an

Name of Proposed Radiation Safety Officer

☐ Authorized User

☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensee’s license and has experience with the radiation safety
aspects of similar type of use of byproduct 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, and

Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

☐ 35.100

☐ 35.200

☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for

which a written directive is required

☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☐ 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with

a photon energy less than 150 keV for which a written directive is required

☐ 35.300 parenteral administration of any other radionuclide for which a written directive is

required

☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

________________________________________________________

________________________________________________________
AND

Third Section
Complete for ALL

☐ I attest that ___________________________ has achieved a level of radiation safety knowledge

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 the Radiation Safety Officer for _____________________________________________ Name of Facility

License/Permit Number: ________________________________________________________

Name of Preceptor ___________________________ Signature ________________________
Telephone Number ___________________________ Date __________________________