

TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - D (Authorized User For Manual Brachytherapy Sources)

The Wisconsin Department of Health Services 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. For authorized user of manual brachytherapy sources (DHS 157.65(1)).

Instructions: Complete all applicable items. Refer to WISREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the State of Wisconsin, DHS, Radiation Protection Section, P.O. Box 2659, Madison, WI 53701-2659.

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 Wisconsin 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 Wis. Admin. Code DHS 157 Subchapter VI training and experience requirements.

Note: Items 4-6 do not need to be completed for individuals requesting authorization for 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 and Clock Hours 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 Licensed Material On Hand		
Using Administrative Controls to Prevent a Medical Event Involving the Use 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 DHS 157.65(9) 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 the Use and Measurement of Radioactivity	, -	
Radiation Biology	, -	

7b. Supervised Clinical Training for Ophthalmic Uses 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 Administered		, -	
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 Wisconsin Administrative Code, DHS 157 Subchapter VI, provide the following information for each:

Supervisor meets requirements of s. DHS 157.65(8) or s. DHS 157.65(9) or equivalent NRC or another Agreement State requirements for the type(s) of use for which the individual 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)

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 DHS 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

I attest that the individual named in number 1 has:

satisfactorily completed the training requirements in s. DHS 157.65(8)

AND

achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under s. DHS 157.65(1).

N/A Ophthalmic Uses of Strontium-90

I attest that the individual named in number 1 has:

satisfactorily completed the training requirements in s. DHS 157.65(8) or s. DHS 157.65(9)

AND

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