DEPARTMENT OF HEALTH SERVICES Division of Public Health F-45010A (07/08)

**PART I TRAINING AND EXPERIENCE** 

1. Name of Individual

STATE OF WISCONSIN Bureau of Environmental Health Radiation Protection Section (608) 267-4797

## TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - A (Radiation Safety Officer For Medical Use)

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. Radiation Safety Officer for Medical Use.

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

**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, Department of Health Services, P.O. Box 2659, Madison, WI 53701-2659.

| 2. Certification (attach copy of current certificate)                |                    |                              |                         |                          |  |  |
|--|--------------------|------------------------------|-------------------------|--------------------------|--|--|
| Specialty Board  | Category           |                              | Month a                 | Month and Year Certified |  |  |
|  |                    |                              |                         |                          |  |  |
| N ( 1 05 1 )   |                    | D 10 (% )                    | ()4// 4                 | 2457011 4 1/1            |  |  |
| Note: Items 3-5 do not need to be                                    | completed when usi | ng Board Certification to me | et Wis. Admin. Code DHS | 5 157 Subchapter VI      |  |  |
| training and experience requirements. Classroom and Laboratory Train |                    |                              |                         |                          |  |  |
| 3. Classroom and Laboratory Train                                    | ing                |                              |                         |                          |  |  |
| Description of Training  | Trair              | ning Location                | Clock Hours             | Dates of Training        |  |  |
| Radiation Physics and Instrumentation                                |                    |                              |                         |                          |  |  |
| Radiation Protection   |                    |                              |                         |                          |  |  |
| Mathematics Pertaining to Use and Measurement of Radioactivity       |                    |                              |                         |                          |  |  |
| Radiation Biology  |                    |                              |                         |                          |  |  |
| Radiation Dosimetry  |                    |                              |                         |                          |  |  |
| Other  |                    |                              |                         |                          |  |  |

F-45010A (Rev 07/08) Page 2

| 4. Supervised Work Experience   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Completed one year of full-time radiation safety experience under the supervision of a Radiation Safety Officer for medical use.  |   |  |  |  |  |  |
| Description of Experience   | Dates of Experience                                       |  |  |  |  |  |
| Shipping, Receiving and Performing Radiation Related Surveys  |   |  |  |  |  |  |
| Instrumentation   |   |  |  |  |  |  |
| Securing and Controlling Radioactive Material   |   |  |  |  |  |  |
| Using Administrative Controls to Avoid Mistakes   |   |  |  |  |  |  |
| Using Procedures to Prevent or Minimize Contamination and Using Proper Decontamination Procedures   |   |  |  |  |  |  |
| Using Emergency Procedures to Control Radioactive Material  |   |  |  |  |  |  |
| Disposal of Radioactive Material  |   |  |  |  |  |  |
| 5. 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 the requirements of DHS 157.61(7) or (10) or equivalent NRC or Agreement State requirements.   |   |  |  |  |  |  |
| Name of Supervising Individual  |   |  |  |  |  |  |
| Name of License on which Supervising Individual is Authorized   | Materials License Number (Indicate which state or if NRC) |  |  |  |  |  |

F-45010A (Rev 07/08) Page 3

| 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. |   |             |  |  |
| 6. Preceptor Approval and Attestation  |   |   |             |  |  |
| I am a radiation safety officer for a medical use licensee.  |   |   |             |  |  |
| I attest that the individual named in Item 1:  |   |   |             |  |  |
| has satisfactorily completed the training requirements in s. DHS 157.61(7).  |   |   |             |  |  |
| AND  |   |   |             |  |  |
| has achieved a level of radiation safety knowledge sufficient to independently function as a radiation safety officer for medical use of radioactive material. |   |   |             |  |  |
| 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 |  |  |
|  |   |   |             |  |  |