**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE**
**AND PRECEPTOR ATTESTATION**
**[10 CFR 35.51]**

**Note:** All references to "35.XX," "35.XXX," or "10 CFR 35.XXX" contained within this form refer to 10 CFR Part 35 as incorporated by reference in R313-32.

<table>
<thead>
<tr>
<th>Name of Proposed Authorized Medical Physicist</th>
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</tbody>
</table>

**Requested Authorization(s)**  
(check all that apply)

- [ ] 35.400 Ophthalmic use of strontium-90  
- [ ] 35.600 Teletherapy unit(s)  
- [ ] 35.600 Remote afterloader unit(s)  
- [ ] 35.600 Gamma stereotactic radiosurgery unit(s)

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three 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. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
  - c. Skip to and complete Part II Preceptor Attestation.

- [ ] 2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above
  - a. Go to the table in section 3.c. to document training for new device.
  - b. Skip to and complete Part II Preceptor Attestation

- [ ] 3. Education, Training, and Experience for Proposed Authorized Medical Physicist
  - a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.
  - b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.
    - [ ] Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of ________________ who meets the requirements for an Authorized Medical Physicist.
    - **AND**
    - [ ] Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of ________________ who meets the requirements for an Authorized Medical Physicist.

**Degree**  
<table>
<thead>
<tr>
<th>Major Field</th>
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<tbody>
<tr>
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</table>

**College or University**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major Field</th>
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<tr>
<td></td>
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</tbody>
</table>
### 3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

<table>
<thead>
<tr>
<th>Description of Training/Experience</th>
<th>Location of Training/License or Permit Number of Training Facility/Medical Devices Used*</th>
<th>Dates of Training*</th>
<th>Dates of Work Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Physics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing sealed source leak tests and inventories</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Performing decay corrections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing full calibration and periodic spot checks of external beam treatment unit(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing full calibration and periodic spot checks of remote afterloading unit(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote afterloading unit(s)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supervising Individual** ** License/Permit Number listing supervising individual as an authorized Medical Physicist

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**for the following types of use:**

- Remote afterloader unit(s)  
- Teletherapy unit(s)  
- Gamma stereotactic radiosurgery unit(s)

* Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.
### 3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Remote Afterloader</th>
<th>Teletherapy</th>
<th>Gamma Stereotactic Radiosurgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands-on device operation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety procedures for the device use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical use of the device</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment planning system operation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Number listing supervising individual as an authorized Medical Physicist</th>
</tr>
</thead>
<tbody>
<tr>
<td>for the following types of use:</td>
<td></td>
</tr>
<tr>
<td>□ Remote afterloader unit(s)</td>
<td>□ Teletherapy unit(s)</td>
</tr>
<tr>
<td>□ Gamma stereotactic radiosurgery unit(s)</td>
<td></td>
</tr>
</tbody>
</table>

If Applicable:

<table>
<thead>
<tr>
<th>Authorization Sought</th>
<th>Device</th>
<th>Training Provided By</th>
<th>Dates of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.400 Ophthalmic Use of strontium-90</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

d. 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 Authorized Medical Physicist has satisfactorily completed the requirements in 10 CFR 35.51(a)(1) and (a)(2).
   OR

2. Education, Training, and Experience
   □ I attest that __________________ Name of Proposed Authorized Medical Physicist has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

Second Section
Complete the following:
□ I attest that __________________ Name of Proposed Authorized Medical Physicist has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

Third Section
Complete the following:
□ I attest that __________________ Name of Proposed Authorized Medical Physicist has achieved a level of competency sufficient to function independently as an Authorized Medical Physicist for the following:
   □ 35.400 Ophthalmic use of strontium-90
   □ 35.600 Teletherapy unit(s)
   □ 35.600 Remote afterloader unit(s)
   □ 35.600 Gamma stereotactic radiosurgery unit(s)

Fourth Section
Complete the following for preceptor attestation and signature:
   □ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:
   □ 35.400 Ophthalmic use of strontium-90
   □ 35.600 Teletherapy unit(s)
   □ 35.600 Remote afterloader unit(s)
   □ 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor | Signature | Telephone Number | Date

License/Permit Number/Facility Name