



**RC Form 256-6a AUTHORIZED USER TRAINING AND EXPERIENCE AND
PRECEPTOR ATTESTATION FOR §289.256(rr) AND (ddd) USES**
Accepted Board Certification

Name of Proposed Authorized User	License No.
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Requested Authorization(s) *Check all that apply*

§289.256(rr) Manual brachytherapy sources

§289.256(ddd) Remote Afterloader Unit(s)

§289.256(ddd) Teletherapy Unit(s)

§289.256(ddd) Gamma Stereotactic Radiosurgery Unit(s)

Part I – Training and Experience

Training and experience, including board certification, must have been obtained within the preceding 7 years or the individual must have obtained related continuing education and experience since the initial training and experience was completed.

- Attach a copy of one of the following accepted specialty board certifications:
- American Board of Radiology (ABR)** certification from June 2007 to present for the Radiation Oncology specialty with the words "AU eligible" appearing above the ABR seal. The certificates issued after May 2012 will initially be recognized for 4 years from the date of issuance; **American Osteopathic Board of Radiology (AOBR)** certification from May 1, 2007 forward for the Radiation Oncology specialty. All certificates issued since this date have a 10-year time limit.
- For proposed Authorized Users for §289.256(ddd) uses only:**
Describe training provider and dates of training, for each type of use. Training may be provided by the vendor or by a supervising medical physicist.
- If training was provided by the vendor, attach a copy of the training documentation

Description of Training	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			

Description of Training (cont'd)	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Treatment planning system operation			
Supervising Individual (if applicable)		License Number authorizing supervising individual	

Part II – Preceptor Attestation

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.

For Sealed Sources for Manual Brachytherapy:

I attest that _____ has satisfactorily completed
Name of Proposed Authorized User
the requirements in §289.256(zz)(1)(A) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy for the medical uses authorized under §289.256(rr).

For Sealed Sources in a Remote Afterloader Unit, Teletherapy Unit or Gamma Stereotactic Radiosurgery Unit:

I attest that _____ has satisfactorily completed
Name of Proposed Authorized User
the requirements in §289.256(ttt)(1)(A) and (3) and has achieved a level of competency sufficient to function independently as an authorized user for the following uses:

- | | | |
|--|---|--|
| <input type="checkbox"/> §289.256(ddd)
remote afterloader | <input type="checkbox"/> §289.256(ddd)
teletherapy | <input type="checkbox"/> §289.256(ddd)
gamma stereotactic surgery |
|--|---|--|

I meet the requirements as an Authorized User under:

- §289.256(zz) Training for the Use of Manual Brachytherapy Sealed Sources
- §289.256(ttt) Training for Use of Remote Afterloader Units
- §289.256(ttt) Training for Use of Teletherapy Units
- §289.256(ttt) Training for Use of Gamma Stereotactic Radiosurgery Units

Preceptor Name	Signature	Phone Number
License Number/Facility Name		Date

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)