



RC Form 256-6b AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION For §289.256(rr) AND (ddd) USES
Hours of Training and Experience

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

- §289.256(rr) Sealed sources for manual brachytherapy
- §289.256(rr) Ophthalmic use of Strontium-90
- §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 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. Provide dates, duration, and a description of continuing education and experience related to the uses checked under "Requested Authorizations."

Classroom and Laboratory Training §289.256(zz) §289.256(aaa) §289.256(ttt)

Description of Training	Location of Training	Clock Hours	Dates of Training
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

Total Hours of Training _____

Supervised Work Experience and Clinical Experience for §289.256(zz)

Description of Experience	Location of Experience/ License Number of Facility	Clock Hours	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Checking survey meters for proper operation receiving			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of radioactive material			
Using emergency procedures to control radioactive material			

Total Hours of Supervised Work Experience _____

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/ License Number of Facility	Dates of Experience
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License Number listing supervising individual	

Supervised Clinical Experience for §289.256(aaa) ONLY

Description of Experience	Location of Experience/ License Number of Facility	Clock Hours	Dates of Experience
Use of Sr-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License Number listing supervising individual	

Supervised Work Experience and Clinical Experience for §289.256(ttt)

Description of experience	Location of Experience/ License Number of Facility	Clock Hours	Dates of Experience
Reviewing full calibration measurements and periodic spot-checks			
Preparing treatment plans and calculating treatment doses and times			
Using administrative controls to prevent a medical event involving the use of radioactive material			
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			
Checking and using survey meters			
Selecting the proper dose and how it is to be administered			

Total Hours of Supervised Work Experience _____

Supervised Work and Clinical Experience for §289.256(ttt) (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License Number of Facility		Dates of Experience
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual		License Number listing supervising individual	
<p>Device Training for §289.256(ttt)</p> <p>Describe training provider and dates of training, for each type of use using the table below. Training may be provided by the vendor or by a supervising medical physicist.</p> <p><input type="checkbox"/> If training was provided by the vendor, attach a copy of the training documentation</p>			
Description of Training	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			
Supervising Individual (if applicable)		License Number authorizing supervising individual	

Part II – Preceptor Attestation and Signature

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.

Sealed Sources for Manual Brachytherapy:

I attest that _____ has satisfactorily completed
Name of Proposed Authorized User
 the requirements in §289.256(zz)(2)(A) - (C), 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).

Ophthalmic Use of Strontium-90:

I attest that _____ has satisfactorily completed
Name of Proposed Authorized User
 the requirements in §289.256(aaa) and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

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)(2) 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.)