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| **cid:image006.png@01D12CFA.AB6B5800RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY OFFICER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION**  **RAD-15(RSO) (Rev.11/2023)** | | | | **DEPARTMENT OF ENVIRONMENTAL QUALITY**  **OFFICE OF ENVIRONMENTAL COMPLIANCE**  **RADIATION LICENSING SECTION**  **P.O. BOX 4312**  **BATON ROUGE, LA 70821-4312**  **PHONE: (225) 219-3041**  **E-MAIL:** [**LDEQRadiationlicensing@la.gov**](mailto:LDEQRadiationlicensing@la.gov) | | | **OFFICE USE ONLY** | |
| **License** |  |
| **AI** |  |
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| **NAME OF INDIVIDUAL  RSO  ARSO** | | | | | | | | |
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| **REQUESTED AUTHORIZATION(S):** *The license authorizes the following medical uses (check all that apply)* | | | | | | | | |
|  | 729 | 731 | 735 | 739 | 741 | 747 (Remote Afterloader) | | |
|  | 747 (Teletherapy) | | 747 (Gamma Stereotactic Radiosurgery) | | |  | | |
|  | Emerging Technologies: | | | | | | | |
| **PART I – TRAINING AND EXPERIENCE**  (select one of the four 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**   1. Provide a copy of the board certification. See board certifications recognized by the NRC at <https://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html> 2. Go to the table in 4.c and describe training provider and dates of training for each type of use for which authorization is sought.   \*\*Stop here   1. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2), provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005.   \*\*Stop here | | | | | | | | |
| **OR** | | | | | | | | |
| **☐ 2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above**   1. Go to the table in section 4.c. to document training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought. 2. Skip to and complete Part II Preceptor Attestation. | | | | | | | | |
| **OR** | | | | | | | | |
| **☐ 3. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee’s license**   1. Provide license number. 2. Use the table in section 4.c to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical uses on the license. 3. Skip to and complete Part II Preceptor Attestation. | | | | | | | | |
| **OR** | | | | | | | | |
| **☐ 4. Education, Training, and Experience for Proposed RSO or ARSO**   1. Classroom and Laboratory Training | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Description of Training | Location of Training/License or Permit Number of Training Facility | Clock Hours | Dates of Training | | Radiation physics and instrumentation |  |  |  | | Radiation protection |  |  |  | | Mathematics pertaining to the use and measurement of radioactivity |  |  |  | | Radiation biology |  |  |  | | Radiation dosimetry |  |  |  | | **Total Hours of Training:** | | | | | | | | | | | | |

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| **☐ 4. Education, Training, and Experience for Proposed RSO or ARSO (continued)**   1. Supervised Radiation Safety Experience   *(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this section.)* |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Description of Experience | | | | Location of Training/License or Permit Number of Training Facility | | | | | | | Dates of Training | | Shipping, receiving, and performing related radiation surveys | | | |  | | | | | | |  | | Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides | | | |  | | | | | | |  | | Securing and controlling byproduct material | | | |  | | | | | | |  | | Using administrative controls to avoid mistakes in administration of byproduct material | | | |  | | | | | | |  | | Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures | | | |  | | | | | | |  | | Using emergency procedures to control byproduct material | | | |  | | | | | | |  | | Disposing of byproduct material | | | |  | | | | | | |  | | Licensed Material Used+ (list all applicable): | | | |  | | | | | | |  | | + Choose all applicable sections of LAC 33:XV.Chapter 7 to describe radioisotopes and quantities used: 729, 731, 735, 739, 741, 747, emerging technologies. | | | | | | | | | | | | | Supervising Individual | | | | | | | | License/Permit Number listing supervising individual as an authorized RSO or ARSO | | | | | The supervising individual is authorized as the  for the following medical uses: | | | | | | | Radiation Safety Officer  Associate Radiation Safety Officer | | | | | | 729 | 731 | 735 | 739 | | | 741 | | | 747 (Remote Afterloader) | 747 (Teletherapy) | | | 747 (Gamma Stereotactic Radiosurgery) | | | | | Emerging Technologies: | | | | | | | |
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| **☐ 4. Education, Training, and Experience for Proposed RSO or ARSO (continued)**   1. Describe training provider and dates of training for each type of use for which authorization is sought. |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Description of Training | | | | | Training Provided By | | | | | | | Dates of Training | | Radiation safety, regulatory issues, and emergency procedures for 729, 731, and 739 uses | | | | |  | | | | | | |  | | Radiation safety, regulatory issues, and emergency procedures for 735 uses | | | | |  | | | | | | |  | | Radiation safety, regulatory issues, and emergency procedures for 741 uses | | | | |  | | | | | | |  | | Radiation safety, regulatory issues, and emergency procedures for 747 – Teletherapy uses | | | | |  | | | | | | |  | | Radiation safety, regulatory issues, and emergency procedures for 747 – Remote Afterloader uses | | | | |  | | | | | | |  | | Radiation safety, regulatory issues, and emergency procedures for 747 – Gamma Stereotactic Radiosurgery uses | | | | |  | | | | | | |  | | Radiation safety, regulatory issues, and emergency procedures for Emerging Technologies, specify use(s): | | | | |  | | | | | | |  | | Supervising Individual | | | | | | | | License/Permit Number listing supervising individual | | | | | | License/Permit lists supervising individual as: | | | | | | | | | | | | | | Radiation Safety Officer | | | Associate Radiation Safety Officer | | | | | | |  | | | | Authorized User | | | Authorized Nuclear Pharmacist | | | | | | | Authorized Medical Physicist | | | | Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses: | | | | | | | | | | | | | | 729 | 731 | 735 | | 739 | | | 741 | | 747 (Remote Afterloader) | | 747 (Teletherapy) | | | 747 (Gamma Stereotactic Radiosurgery) | | | | | | Emerging Technologies: | | | | | | | |
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| 1. Skip to and complete Part II Preceptor Attestation. |

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| **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. **Education, Training, and Experience** | | | | | |
| I attest that has satisfactorily completed a structural educational  Name of Proposed RSO/ARSO  program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by LAC 33:XV.763.A.2. | | | | | |
| **OR** | | | | | |
| 1. **Additional Authorization as RSO** | | | | | |
| I attest that is an  Name of Proposed RSO/ARSO  Authorized User  Authorized Nuclear Pharmacist  Authorized Medical Physicist  identified on the licensees license and has experience with the radiation safety aspects of similar types of use of byproduct material for which the individual has Radiation Safety responsibilities. | | | | | |
| **AND** | | | | | |
| **Second Section**  **Complete the following:** | | | | | |
| I attest that has training in radiation safety, regulatory issues, and  Name of Proposed RSO/ARSO  emergency procedures for the following types of use:  ***Check all that apply:***  729  731  735 – Oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required  735 – Oral administration of greater than 33 millicuries of sodium iodide I-131  735 – Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required  739  741  747 – Remote Afterloader Units  747 – Teletherapy Units  747 – Gamma Stereotactic Radiosurgery Units  Emerging Technologies, including: | | | | | |
| **AND** | | | | | |
| **Third Section**  **Complete for ALL:** | | | | | |
| I attest that has achieved a level of radiation safety knowledge  Name of Proposed RSO/ARSO  sufficient to function independently as:  A Radiation Safety Officer for a medical use licensee.  **OR**  An Associate Radiation Safety Officer for a medical use licensee. | | | | | |
| **AND** | | | | | |
| **Fourth Section**  **Complete the following preceptor attestation and signature:** | | | | | |
| I am the Radiation Safety Officer for | | I am the Associate Radiation Safety Officer for | | | |
| Name of Facility: |  | | | |  |
| License/Permit Number: |  | | | |  |
|  | | | | | |
| **Name of Preceptor (Typed or Printed)** | | | **Telephone number** | **E-Mail** | |
|  | | |  |  | |
| **Signature** | | | | | |
|  | | | | | |