

RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION

DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF ENVIRONMENTAL COMPLIANCE RADIATION LICENSING SECTION

OFFICE USE ONLY		
License		
AI		

DE (SAFETY OFFICER TRA EXPERIENCE, AN PRECEPTOR ATTESTA RAD-15(RSO) (Rev.11/2	D ATION	P.O. BOX 4312 BATON ROUGE, LA 70821-4312 PHONE: (225) 219-3041 E-MAIL: LDEORadiationlicensing@la.gov	AI				
NAME (OF INDIVIDUAL [□ RSO	□ ARSO					
REQUE	STED AUTHORIZATION(S):	The licens	se authorizes the following medical uses (check all that	t apply)				
	729 🗆 731 🗆 73	35	□ 739 □ 741 □ 747 (Remote After	rloader)				
	747 (Teletherapy) \Box 74	17 (Gamm	a Stereotactic Radiosurgery)					
	Emerging Technologies:							
	P		TRAINING AND EXPERIENCE lect one of the four methods below)					
individual	must have obtained related continuing	ng education	n, must have been obtained within the 7 years preceding the n and experience since the required training and experience werience related to the uses checked above.					
□ 1. <u>Bo</u>	ard Certification							
	Provide a copy of the https://www.nrc.gov/materials/mi		recognization. See board certifications recognizations se-toolkit/spec-board-cert.html	ed by	the NRC at			
	Go to the table in 4.c and descrisought. **Stop here	be trainin	g provider and dates of training for each type of use	for which	h authorization is			
			efore October 24, 2005 and is listed in 10 CFR 35.57 (a) of the requested materials and uses on or before October					
			OR					
□ 2. <u>Cu</u>	rrent Radiation Safety Office	er (RSO)	or Associate Radiation Safety Officer (ARSO)	Seeking	g Authorization			
to l	Be Recognized as a RSO or A	ARSO for	r the Additional Medical Uses Checked Above					
	a. 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.							
b.	Skip to and complete Part II Prece	eptor Atte	station.					
l	OR							
		ledical P	hysicist, or Authorized Nuclear Pharmacist ide	ntified o	on the licensee's			
	ense							
	Provide license number.	ا در د ادانه السور	sing in addiction sofety are all to are in a second		dunce for all ()			
	of medical uses on the license.							
c.	Skip to and complete Part II Prece	eptor Atte	station.					
			OR					

☐ 4. Education, Training, and Experience for Proposed RSO or ARSO

a. 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:						

☐ 4. Education, Training, and Experience for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety Experience

(I	f more	than one supervising	individual	l is necessary	to document	supervised	training,	provide multip	ple copies o	f 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: emerging technologies.	XV.Chapter 7 to describe radioisotopes and quantities used: 729	9, 731, 735, 739, 741, 747,		
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 □		☐ 747 (Teletherapy)		
☐ 747 (Gamma Stereotactic Radiosurger	ry) Emerging Technologies:			

☐ 4. Education, Training, and Experience for Proposed RSO or ARSO (continued)

c. 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 supervise	ing individual
License/Permit lists supervising individual		
☐ Radiation Safety Officer ☐ A	sociate Radiation Safety Officer	
☐ Authorized User ☐ A	thorized Nuclear Pharmacist Authorized M	Iedical Physicist
Authorized as RSO, ARSO, AU, ANP, or A	MP for the following medical uses:	
\square 729 \square 731 \square 735 \square	39 □ 741 □ 747 (Remote Afterloader) □	747 (Teletherapy)
☐ 747 (Gamma Stereotactic Radiosurgery)	☐ Emerging Technologies:	

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 pr

provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a sepreceptor statement from each.	parate
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 safet	v
experience as required by LAC 33:XV.763.A.2.	,
OR	
2. 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:	
\square 729 \square 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	
☐ 747 — Remote Afterloader Units ☐ 747 — Teletherapy Units	
☐ 747 – Teletherapy Offits ☐ 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 t	he Associate Radiation S	afety Officer for			
Name of Facility:					
License/Permit Number:					
Name of Preceptor (Typed or Printed)	Telephone number	E-Mail			
Signature					