



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
RADIOLOGICAL HEALTH SECTION**

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

*(New Hampshire Rules for the Control of Radiation He-P 4035.61)*

**Name of Proposed Radiation Safety Officer:**

**Requested Authorization(s)** *The license authorizes the following medical uses as defined in He-P 4035 (check all that apply):*

- |  |  |
|--|--|
| <input type="checkbox"/> 4035.27 Uptake, Dilution, and Excretion Studies                                       | <input type="checkbox"/> 4035.31 Imaging and Localization Studies        |
| <input type="checkbox"/> 4035.35 Unsealed Byproduct Material–Written Directive Required                        | <input type="checkbox"/> 4035.39 Use of Sealed Sources for Diagnosis     |
| <input type="checkbox"/> 4035.41 Manual Brachytherapy Sources  | <input type="checkbox"/> 4035.47 Gamma Stereotactic Radiosurgery Unit(s) |
| <input type="checkbox"/> 4035.47 Remote Afterloader Unit(s)  | <input type="checkbox"/> 4035.47 Teletherapy Unit(s)                     |
| <input type="checkbox"/> 4035.29 Other Medical Uses of Byproduct Material or Radiation from Byproduct Material |  |

**PART I – TRAINING AND EXPERIENCE**

\* Provide dates, duration, and description of training, continuing education, and experience related to the uses checked above and in accordance with He-P 4035.73.

- 1. Board Certification**
- a. Provide a copy of the board certification.
  - b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
  - c. Skip to and complete Part II Preceptor Attestation.

**OR**

- 2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**
- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
  - b. Skip to and complete Part II Preceptor Attestation.

**OR**

- 3. Structured Educational Program for Proposed Radiation Safety Officer**
- a. Classroom and Laboratory Training

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			
Radiation dosimetry			

**Total Hours of Training:** \_\_\_\_\_

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

b. Supervised Radiation Safety Experience *(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Description of Experience	Location of Experience/ License or Permit Number of 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 (e.g., 4035.27, 4035.31, etc.)*  _____  _____  _____  _____		

\* Choose all applicable sections of He-P 4035 to describe radioisotopes and quantities used: He-P 4035.27, 4035.31, 4035.35, 4035.39, 4035.41, 4035.47 remote afterloader units, 4035.47 teletherapy units, 4035.47 gamma stereotactic radiosurgery units, and 4035.29 emerging technologies (provide list of devices).

**Supervising Individual:**

**License/Permit number listing supervising individual as a Radiation Safety Officer:**

**This license authorizes the following medical uses (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> 4035.27 Uptake, Dilution, and Excretion Studies                                       | <input type="checkbox"/> 4035.31 Imaging and Localization Studies        |
| <input type="checkbox"/> 4035.35 Unsealed Byproduct Material–Written Directive Required                        | <input type="checkbox"/> 4035.39 Use of Sealed Sources for Diagnosis     |
| <input type="checkbox"/> 4035.41 Manual Brachytherapy Sources  | <input type="checkbox"/> 4035.47 Gamma Stereotactic Radiosurgery Unit(s) |
| <input type="checkbox"/> 4035.47 Remote Afterloader Unit(s)  | <input type="checkbox"/> 4035.47 Teletherapy Unit(s)                     |
| <input type="checkbox"/> 4035.29 Other Medical Uses of Byproduct Material or Radiation from Byproduct Material |  |

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures described under 4035.27, 4035.31, 4035.39 uses		
Radiation safety, regulatory issues, and emergency procedures described under 4035.35 uses		
Radiation safety, regulatory issues, and emergency procedures described under 4035.41 uses		
Radiation safety, regulatory issues, and emergency procedures described under 4035.47 – teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures described under 4035.47 – remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures described under 4035.47 – gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures described under 4035.29; specify use(s):		

**Supervising Individual** – *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

**License/Permit number listing supervising individual:**

**License/Permit lists supervising individual as:**

- Radiation Safety Officer   
  Authorized User   
  Authorized Medical Physicist   
  Authorized Nuclear Pharmacist

Authorized as RSO, AU, AMP, or ANP for the following medical uses (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> 4035.27 Uptake, Dilution, and Excretion Studies                                       | <input type="checkbox"/> 4035.31 Imaging and Localization Studies        |
| <input type="checkbox"/> 4035.35 Unsealed Byproduct Material–Written Directive Required                        | <input type="checkbox"/> 4035.39 Use of Sealed Sources for Diagnosis     |
| <input type="checkbox"/> 4035.41 Manual Brachytherapy Sources  | <input type="checkbox"/> 4035.47 Gamma Stereotactic Radiosurgery Unit(s) |
| <input type="checkbox"/> 4035.47 Remote Afterloader Unit(s)  | <input type="checkbox"/> 4035.47 Teletherapy Unit(s)                     |
| <input type="checkbox"/> 4035.29 Other Medical Uses of Byproduct Material or Radiation from Byproduct Material |  |

d. Skip to and complete Part II Preceptor Attestation.

**OR**

**4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist Identified on the Licensee’s License**

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. 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 radiation safety officer 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 \_\_\_\_\_ has satisfactorily completed the requirements in  
*Name of Proposed Radiation Safety Officer*  
He-P 4035.61(a)(1) and (a)(2); or 4035.61(a)(4) and (a)(5); or 4035.61(b)(3).

**OR**

**2. Structured Educational Program for Proposed Radiation Safety Officers**

I attest that \_\_\_\_\_ has satisfactorily completed the training and experience  
*Name of Proposed Radiation Safety Officer*  
as required by He-P 4035.61(b)(1) and (b)(2).

**OR**

**3. Additional Authorization as Radiation Safety Officer**

I attest that \_\_\_\_\_ is an  
*Name of Proposed Radiation Safety Officer*

*Check one of the following:*  Authorized User  Authorized Medical Physicist  Authorized Nuclear Pharmacist  
identified on the licensee’s license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities.

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**AND**

**SECOND SECTION – Complete for all submittals.**

I attest that \_\_\_\_\_ has training in the radiation safety, regulatory issues, and  
*Name of Proposed Radiation Safety Officer*

emergency procedures for the following types of use (*check all that apply*):

- 4035.27 Uptake, dilution, and excretion studies
- 4035.31 Imaging and localization studies
- 4035.35 Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required
- 4035.35 Oral administration of greater than 33 millicuries of sodium iodide I-131
- 4035.35 Parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- 4035.35 Parenteral administration of any other radionuclide for which a written directive is required
- 4035.39 Use of sealed sources for diagnosis
- 4035.41 Manual brachytherapy sources
- 4035.47 Remote afterloader units
- 4035.47 Teletherapy units
- 4035.47 Gamma stereotactic radiosurgery units
- 4035.29 Emerging technologies, including: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND**

**THIRD SECTION – Complete for all submittals.**

I attest that \_\_\_\_\_ has achieved a level of radiation safety knowledge  
*Name of Proposed Radiation Safety Officer*  
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**AND**

**FOURTH SECTION – Complete for all submittals.**

I am the Radiation Safety Officer for: \_\_\_\_\_  
*Name of Facility*

License/Permit Number: \_\_\_\_\_

<b>Name of Preceptor:</b>	<b>Telephone Number:</b>
<b>Signature:</b>	<b>Date:</b>