



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

**RADIATION SAFETY OFFICER OR ASSOCIATE RADIATION SAFETY
OFFICER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**
(New Hampshire Rules for the Control of Radiation He-P 4035.61, He-P 4035.71)

Name of Proposed Individual _____

RSO

ARSO

Requested Authorized Use(s) - Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> He-P 4035.27 Uptake, Dilution, and Excretion Studies | <input type="checkbox"/> He-P 4035.31 Imaging and Localization Studies |
| <input type="checkbox"/> He-P 4035.35 Unsealed Byproduct Material–Written Directive Required | <input type="checkbox"/> He-P 4035.39 Use of Sealed Sources for Diagnosis |
| <input type="checkbox"/> He-P 4035.41 Manual Brachytherapy Sources | <input type="checkbox"/> He-P 4035.47 Remote Afterloader Unit(s) |
| <input type="checkbox"/> He-P 4035.47 Gamma Stereotactic Radiosurgery Unit(s) | <input type="checkbox"/> He-P 4035.47 Teletherapy Unit(s) |
| <input type="checkbox"/> He-P 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. (i) If the board certification process has been recognized by the NRC and meets the requirements of He-P 4035.61, then use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of authorized medical use(s) on the license. **STOP** here.
- (ii) If board certification was issued on or before October 24, 2005 & is listed in He-P 4035.71; provide documentation demonstrating the individual was using materials for the requested 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

- 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 or ARSO is sought
- b. If board certified, provide a copy of the certificate and **STOP** here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR

3. Structured Educational Program for Proposed RSO or ARSO

- 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 RSO or ARSO (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., He-P 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 He-P 4035.29 emerging technologies (provide list of devices).

Supervising Individual

License/Permit number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer

The supervising individual is authorized for the following medical uses (check all that apply)

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

3. Structured Educational Program for Proposed RSO or ARSO (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 for He-P 4035.27, 4035.31, 4035.39 uses | | |
| Radiation safety, regulatory issues, and emergency procedures for He-P 4035.35 uses | | |
| Radiation safety, regulatory issues, and emergency procedures for He-P 4035.41 uses | | |
| Radiation safety, regulatory issues, and emergency procedures for He-P 4035.47 – teletherapy uses | | |
| Radiation safety, regulatory issues, and emergency procedures for He-P 4035.47 – remote afterloader uses | | |
| Radiation safety, regulatory issues, and emergency procedures for He-P 4035.47 – gamma stereotactic radiosurgery uses | | |
| Radiation safety, regulatory issues, and emergency procedures for He-P 4035.29; specify use(s): | | |

Supervising Individual (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 Associate Radiation Safety Officer
 Authorized User Authorized Medical Physicist Authorized Nuclear Pharmacist

Authorized for the following medical uses (check all that apply)

- He-P 4035.27 Uptake, Dilution, and Excretion Studies He-P 4035.31 Imaging and Localization Studies
 He-P 4035.35 Unsealed Byproduct Material–Written Directive Required He-P 4035.39 Use of Sealed Sources for Diagnosis
 He-P 4035.41 Manual Brachytherapy Sources He-P 4035.47 Remote Afterloader Unit(s)
 He-P 4035.47 Gamma Stereotactic Radiosurgery Unit(s) He-P 4035.47 Teletherapy Unit(s)
 He-P 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 a License or Permit in accordance with He-P 4035.61(d)

- 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. If board certified, provide a copy of the certificate and **STOP** here. If not board certified, skip to and complete Part II Preceptor Attestation.

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

Structured Educational Program for Proposed RSO or ARSO

I attest that _____ has satisfactorily completed the training and experience
Name of Proposed RSO / ARSO
as required by He-P 4035.61(b)(1) and (b)(2).

AND

SECOND SECTION

I attest that _____ has training in the radiation safety, regulatory issues, and
Name of Proposed RSO / ARSO
emergency procedures for the following types of use (*check all that apply*):

- He-P 4035.27 Uptake, dilution, and excretion studies
- He-P 4035.31 Imaging and localization studies
- He-P 4035.35 Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required
- He-P 4035.35 Oral administration of greater than 33 millicuries of sodium iodide I-131
- He-P 4035.35 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 a photon energy of less than 150 keV, for which a written directive is required
- He-P 4035.39 Sealed sources for diagnosis
- He-P 4035.41 Manual brachytherapy sources
- He-P 4035.47 Remote afterloader, teletherapy, or gamma stereotactic radiosurgery units
- He-P 4035.29 Other medical uses (a.k.a., emerging technologies), including: _____

AND

THIRD SECTION

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.

FOURTH SECTION

I am the Radiation Safety Officer for I am the Associate Radiation Safety Officer for

Name of Facility _____ License/Permit Number _____

| | |
|--------------------------|-------------------------|
| Name of Preceptor | Telephone Number |
| Signature | Date |