



**TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION – A
 (Radiation Safety Officer for Medical Use)**

The Virginia Department of Health (VDH) is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material. Radiation Safety Officer for Medical Use

Instructions: Complete all applicable items. Refer to VAREG 'Guidance for Medical Use of Radioactive Material'. Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Name of Individual

2. Certification (attach copy of current certificate)

| Specialty Board | Category | Month and Year Certified |
|-----------------|----------|--------------------------|
| | | |

Note: Item 3-5 do not need to be completed when using Board Certification to meet 12VAC5-481, Part VII training and experience requirements.

3. Classroom and Laboratory Training

| Description of Training | Training Location | Clock Hours | Dates of Training |
|--|-------------------|-------------|-------------------|
| Radiation Physics and Instrumentation | | | |
| Radiation Protection | | | |
| Mathematics Pertaining to Use and Measurement of Radioactivity | | | |
| Radiation Biology | | | |
| Radiation Dosimetry | | | |
| Other | | | |

4. Supervised Work Experience

Completed one year of full-time safety experience under the supervision of a Radiation Safety Officer for medical use.

| Description of Experience | Dates of Experience |
|---|---------------------|
| Shipping, Receiving and Performing Radiation Related Surveys | |
| Instrumentation | |
| Securing and Controlling Radioactive Material | |
| Using Administrative Controls to Avoid Mistakes | |
| Using Procedures to Prevent or Minimize Contamination and Using Proper Decontamination Procedures | |
| Using Emergency Procedures to Control Radioactive Material | |
| Disposal of Radioactive Material | |

5. Supervising Individual – Identification and Qualifications

If more than one supervising individual is needed to meet requirements in **12VAC5-481, Part VII**, provide the following information for each:

Supervisor meets the requirements of **12VAC5-481-1750** or equivalent NRC or another Agreement State requirements.

Name of Supervising Individual

Name of License on which Supervising Individual is Authorized

Materials License Number (Indicate which state or if NRC)

PART II PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

6. Preceptor Approval and Attestation

I am a Radiation Safety Officer for a medical use licensee.

I attest that the individual named in Item 1:

Has satisfactorily completed the training requirements in **12VAC5-481-1750**.

AND

Has achieved a level of radiation safety knowledge sufficient to independently function as a radiation safety officer for medical use of radioactive material.

Name of License on which Preceptor is Authorized

Materials License Number (Indicate which state or if NRC)

Print Name of Preceptor

SIGNATURE - Preceptor

Date Signed