

**RADIOACTIVE MATERIALS AUTHORIZED MEDICAL PHYSICIST
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**

INSTRUCTIONS: Before completing this form, review the specific training requirements of Title 10 of the Code of Federal Regulations (10 CFR), Part 35 (January 1, 2013 Edition) as adopted in Title 17 of the California Code of Regulations, Section 30195. All training and experience applicable to this application must have been obtained within 7 years of the date of this application, per 10 CFR §35.59. Mail completed and signed form, in duplicate, to: California Department of Public Health, Radiologic Health Branch, MS 7610, Licensing Section, P.O. Box 997414, Sacramento, CA 95899-7414. For more information, go to <http://www.cdph.ca.gov/rhb> or phone (916) 327-5106.

PART I.A.: Amendment Request to Add Authorized Medical Physicist to Radioactive Materials License

Please add: _____ as an Authorized Medical Physicist to

Radioactive Material License Number: _____ for the authorizations indicated below.

Printed name of Radiation Safety Officer (RSO) or senior management and title: _____

Signature of senior management/RSO: _____ Date: _____

Specify all use authorizations requested:

- 35.400 for Ophthalmic use of Strontium-90 for eye applicator.
- 35.600 for Remote afterloader unit (i.e., HDR)
- 35.600 for Teletherapy
- 35.600 for Gamma stereotactic radiosurgery unit (GSR)
- 35.1000 for Leksell Gamma Knife® Perfexion™ (GSR)

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^t **Provide RSO authorization letters for any broad scope RML/license/permit, as applicable, and complete copies of any non-California license/permit referenced.**

PART II: Training and Experience

This part is to be completed for the training and experience of the PROPOSED AUTHORIZED MEDICAL PHYSICIST:

1.) Have you been listed on a California Radioactive Material License (RML) within the last 7 years as an Authorized Medical Physicist (AMP) for all authorization(s) requested in Part I?

- YES: provide the RML Number: _____.[†] No further information is required on this form.
- NO: proceed to **Number 2 below.**

2.) Have you been listed on a Master Materials License, NRC or Agreement State License/Permit within the last 7 years as an AMP for authorization(s) equivalent to all those requested in Part I?

- YES: provide a complete copy of the license or permit.[†] No further information is required on this form.
- NO: proceed to **Number 3 below.**

3.) Have you been listed on a California Radioactive Material License, Master Materials License, NRC or Agreement State License/Permit within the last 7 years as an AMP for any authorization?

- YES: provide the California RML Number: _____[†] or provide a complete copy of the license/permit then proceed to **Number 6.**
- NO: proceed to **Number 4.**

4.) Have you been certified by any of the AMP Specialty Boards recognized by the NRC within the last 7 years?

SPECIALTY BOARD MUST BE LISTED ON THE NRC RECOGNIZED CERTIFICATION LIST available here: <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>. Contact RHB at (916) 440-7976 if link does not work.

- YES: provide a copy of the certificate and proceed to **Number 6.**
- NO: proceed to **Number 5 below.**

5.) Provide the following information in Tables a.) and b.) below, then proceed to Number 6:

a.) Education: Document master’s or doctor’s degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree:	
Major Field:	
College or University:	

[†] Provide RSO authorization letters for any broad scope RML/license/permit, as applicable, and complete copies of any non-California license/permit referenced.

b.) Have you completed 1 year of full-time training in medical physics and have an additional year (not concurrent) of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the authorizations requested in Part I (yes or no)? _____.

Description of Training/Experience	Location of Training/License or Permit Number of Training Facility*†	Medical Devices Used	Dates of Training	Dates of Work Experience
Medical Physics				
Performing sealed source leak tests and inventories				
Performing decay corrections				
Performing full calibration and periodic spot checks of remote afterloading unit(s)				
Performing full calibration and periodic spot checks of external beam treatment unit(s)				
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)				
Conducting radiation surveys around remote afterloading unit(s), external beam treatment unit(s), stereotactic radiosurgery unit(s)				

*Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Supervising Authorized Medical Physicist: _____

License/Permit Number on which the supervising individual is listed as an AMP for the use(s) requested:

_____ † State: _____

6.) Describe training provider and dates of training for each type of use for which authorization is sought then proceed to Preceptor Attestation.

a.)

35.400 Authorization Sought	Device	Training Provided By	Dates of Training
Ophthalmic Use of Strontium-90			

Supervising Authorized Medical Physicist: _____

License/Permit Number on which the supervising individual is listed as an AMP for the use(s) requested:

_____ † State: _____ OR Vendor: _____

† Provide RSO authorization letters for any broad scope RML/license/permit, as applicable, and complete copies of any non-California license/permit referenced.

b.)

Description of Training for 35.600 and/or 35.1000 Authorizations	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery / Perfexion™
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			

Supervising Authorized Medical Physicist: _____

License/Permit Number on which the supervising individual is listed as an AMP for the use(s) requested: _____
 † State: _____ OR Vendor: _____

PART III: Preceptor Attestation

This part is to be completed by the PRECEPTOR AUTHORIZED MEDICAL PHYSICIST:

I hereby attest that the proposed Authorized Medical Physicist (AMP) has satisfactorily completed the applicable training requirements of Title 10 of the Code of Federal Regulations Part 35 (January 1, 2013 Edition), as adopted under Title 17 of the California Code of Regulations, Section 30195, for the use(s) requested, and has achieved a level of competency sufficient to function independently as an AMP for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status.

I hereby attest that I am an AMP on a California Radioactive Material License, Master Materials License or NRC/Agreement State license/permit for the use(s) requested.

Printed name of Preceptor: _____ Date: _____

Signature: _____ (Preceptor Attestation not valid without original signature)

Telephone Number: _____

License/Permit Number preceptor is listed as AMP for the use(s) requested:

CA Radioactive Material License: _____.

Master Materials License, NRC or Agreement State license/permit: _____.

Provide a complete copy of that license/permit.

[†] **Provide RSO authorization letters for any broad scope RML/license/permit, as applicable, and complete copies of any non-California license/permit referenced.**