



Radioactive Materials Unit
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AUTHORIZED MEDICAL PHYSICIST
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

Name of Proposed Authorized Medical Physicist

State or Territory Where Licensed

Requested Authorization(s). The license authorizes the following medical uses. (Check all that apply.)

- 4731.4450 Ophthalmic use of Strontium-90
4731.4463 (teletherapy)
4731.4463 (remote afterloader)
4731.4463 (gamma stereotactic radiosurgery)

PART I - TRAINING AND EXPERIENCE

(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within seven years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provides dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification
a. Provide a copy of the board certification
b. Use Table 3.c. to describe training provider and dates of training for each type of use for which authorization is being sought.
c. Skip to and complete Part II Preceptor Attestation
2. Current Authorized Medical Physicist Seeking Additional Authorization for Use(s) Checked Above
a. Use the table in Section 3.c. to document training for new device.
b. Skip to and complete Part II Preceptor Attestation
3. Education, Training and Experience for Proposed Authorized Medical Physicist
a. Education: Document master's or doctorate degree in physics, medical physics, or other physical science, engineering, or applied mathematics from an accredited college or university.

Table with 2 columns: Degree, Major Field and 1 row: College or University

b. Supervised full-time medical physics training and work experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to one million electron volts) and brachytherapy services.

Yes. Completed one year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed one year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

**AUTHORIZED MEDICAL PHYSICIST
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION** *(continued)*

3. Education, Training, and Experience for proposed Authorized Medical Physicist *(continued)*

b. Supervised full-time medical physics training and work experience *(continued)*

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/Experience	Location of Training, License or Permit Number of Facility, and Medical Devices Used ¹	Dates of Training ²	Dates of Experience ²
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of gamma stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote afterloading unit(s)			

Supervising Individual ³	License or Permit Number that lists the supervising individual as an Authorized Medical Physicist
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For the following types of use:

Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

¹ 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 one million electron volts) and brachytherapy services.

² One year full-time medical physics training and one year of full-time work experience cannot be concurrent.

³ If the supervising Medical Physicist is not an Authorized Medical Physicist, the licensee must submit evidence that the supervising Medical Physicist meets the training requirements in 4731.4412 and 4731.4415 for the types and uses for which the individual is seeking authorization.

**AUTHORIZED MEDICAL PHYSICIST
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

3. **Education, Training and Experience for Proposed Authorized Medical Physicist (continued)**
 c. Describe training provider and dates for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			
Supervising Individual <i>If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.</i>		License or Permit Number listing the supervising individual as an Authorized Medical Physicist	
For the following types of use:			
<input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			
If applicable:			
Authorization Sought	Device	Training Provider	Dates of Training
4371.4450 Ophthalmic Use of Strontium-90			

- d. Skip to and complete Part II Preceptor Attestation

**AUTHORIZED MEDICAL PHYSICIST
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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 the 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 Authorized Medical Physicist
4731.4412 Subpart 2 Item A and B.

OR

2. Education, Training, and Experience

I attest that _____ has satisfactorily completed one year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time experience as required by program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 4731.4412 Subpart 1 Item B.(1).

AND

Second Section

Complete the following:

I attest that _____ has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that includes hands-on device operation, safety procedures, clinical use, and operation of a treatment planning system.

AND

Third Section

Complete the following:

I attest that _____ has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

- 4731.4450 Ophthalmic use of Strontium-90
 4731.4463 (teletherapy)

- 4731.4463 (remote afterloader)
 4731.4463 (gamma stereotactic radiosurgery)

AND

Fourth Section

Complete the following: for preceptor attestation and signature:

I meet the requirements in 4731.4412, or equivalent NRC or Agreement State requirements for an Authorized Medical Physicist for the following:

- 4731.4450 Ophthalmic use of Strontium-90
 4731.4463 (teletherapy)

- 4731.4463 (remote afterloader)
 4731.4463 (gamma stereotactic radiosurgery)

Name of Preceptor	Signature	Date
Telephone Number	License or Permit Number and Facility Name	

AUTHORIZED MEDICAL PHYSICIST
General Instructions and Guidance for Completing MDH Form 313 Series

Recentness of Training

The required training and experience, including board certification, must be obtained within the seven years preceding the date of the application, or the individual must document having had related continuing education, retraining, and experience since obtaining the required training and experience. Examples of acceptable continuing education and experience include the following:

1. Successful completion of classroom and laboratory review courses that include radiation safety practices relative to the proposed type of authorized medical use;
2. Practical and laboratory experience with patient procedures using radioactive material for the same use(s) for which the applicant is requesting authorization;
3. Practical and laboratory experience under the supervision of an AU at the same or another licensed facility that is authorized for the same use(s) for which the applicant is requesting authorization; and
4. For therapy devices, experience with the therapy unit and/or comparable linear accelerator experience and completion of an in-service review of operating and emergency procedures relative to the therapy unit to be used by the applicant.

If the applicant is proposing an individual for more than one type of authorization, the applicant may need to either submit multiple MDH Form 313 series forms or fill out some sections more than once. Also, if the applicant requests a physician be authorized for both high dose rate remote afterloading and gamma stereotactic radiosurgery in accordance with 4731.4463, only one form, MDH Form 313 (AUS) needs to be completed, but one part (i.e., "Supervised Work and Clinical Experience") must be filled out twice.

If you need to identify a license and it is an NRC or Agreement State license not issued by MDH, provide a copy of the license. If you need to identify an NRC Master Materials License permit, provide a copy of the permit.

If you need to identify an individual (i.e., supervising individual or preceptor) who is authorized under a broad scope license or broad scope permit, provide a copy of the permit issued by the broad scope licensee/permittee.

Name of individual

Provide the individual's complete name so that MDH can distinguish the training and experience received from that received by others with a similar name.

Note: Do not include personal or private information (e.g., date of birth, social security number, home address, personal phone number) as part of your qualification documentation.

State or territory where licensed

Physicians, dentists, podiatrists, and pharmacists are required to be licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to prescribe drugs in the practice of medicine, practice of dentistry, practice of podiatry, or practice of pharmacy, respectively.

Requested Authorization(s)

Check all authorizations that apply and fill in the blanks as provided.

Part I. Training and Experience

There are always multiple pathways provided for each training and experience section. Select the applicable one.

Item 1. Board Certification

The applicant or licensee may use this pathway if the proposed new authorized individual is certified by a board recognized by MDH. To confirm that MDH recognizes that boards certifications see NRC's web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

Note: An individual that is board eligible will not be considered for this pathway until the individual is actually board certified. Further, individuals holding other board certifications will also not be considered for this pathway.

The applicant or licensee will need to provide a copy of the board certification and other training, experience, or clinical casework as indicated on the specific form of the MDH Form 313 series.

All applicants under this pathway (except for 4731.4460 uses) must submit a completed Part II Preceptor Attestation.

Item 2. Current Authorized Individuals Seeking Additional Authorizations

Provide the information requested for training, experience, or clinical casework as indicated on the specific form of the MDH Form 313 series. (**Note:** This section does not include individuals who are authorized only on foreign licenses.)

All applicants under this pathway must submit a completed Part II Preceptor Attestation.

Item 3. Training and Experience for Proposed New Authorized Individuals

This pathway is used for those individuals not listed on the license as an authorized individual, who cannot meet requirements for the board certification pathway.

The proposed authorized individual is not required to receive the classroom and laboratory training, supervised work experience, or clinical casework at any one location or at one time, therefore space is provided to identify each location and date of training or experience. The date should be provided in the month/day/year format. The clock hours must be indicated for those individuals that must meet a minimum number of training and work experience hours. The specific number of hours needed for each training element will depend upon the type of approval sought.

Note: Classroom and Laboratory Training or Didactic Training may be provided at medical teaching/university institutions. In some cases, a course may be provided for that particular need and taught in consecutive days; in others, the period may be a semester or quarter as part of the formal curriculum. The required "structural educational programs" or "training" may be obtained in any number of settings, locations, and educational situations.

MDH expects that clinical laboratory hours credited toward meeting the requirements for classroom and laboratory training will involve training in radiation safety aspects of the medical use of byproduct material. MDH recognizes, for example, that physicians in training may not dedicate all of their clinical laboratory time specifically to the subject areas covered in these subparts and will be attending to other clinical matters involving the medical use of the material under the supervision of an AU (e.g., reviewing case histories or interpreting scans). However, those hours spent on other duties, not related to radiation safety, should not be counted toward the minimum number of hours of required classroom and laboratory training in radiation safety.

This type of supervised work experience, even though not specifically required by the MDH, may be counted toward the supervised work experience to obtain the required total hours of training.

Similarly, the MDH recognizes that clinicians will not dedicate all of their time in training specifically to the subject areas described and will be attending to other clinical matters. The MDH will broadly interpret "classroom training" to include various types of instruction received by candidates for approval, including online training, as long as the subject matter relates to radiation safety and safe handling of byproduct material.

Note: If the proposed new authorized individual had more than one supervisor, provide the information requested for each supervising individual.

Part II. Preceptor Attestation

MDH defines the term "preceptor" to mean "an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, or a Radiation Safety Officer." While the supervising individual for the work experience may also be the preceptor, the preceptor does not have to be the supervising individual as long as the preceptor directs or verifies the training and experience required. The preceptor must attest in writing regarding the training and experience of any individual to serve as an authorized individual and attest that the individual has satisfactorily completed the appropriate training and experience criteria and has achieved a level of competency or a level of radiation safety knowledge sufficient to function independently. This preceptor also has to meet specific requirements.

MDH may require supervised work experience conducted under the supervision of an authorized individual in a licensed material use program. In this case, a supervisor is an individual who provides frequent direction, instruction, and direct oversight of the student as the student completes the required work experience in the use of byproduct material.

Supervision may occur at various licensed facilities, from a large teaching university hospital to a small private practice.

MDH Form 313 series Part II - Preceptor Attestation pages have multiple sections. The preceptor must complete an attestation of the proposed user's training, experience, and competency to function independently, as well as provide information concerning his/her own qualifications and sign the attestation. Because there are a number of different pathways to obtain the required training and experience for different authorized individuals, specific instructions are provided below for each MDH 313 series form.

Specific Instructions and Guidance for Completing MDH Form 313B (AMP)

Part I. Training and Experience - select one of the three methods below

Item 1. Board Certification

Provide the requested information, i.e., a copy of the board certification, documentation of device specific training in the table in 3.c, and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or device specific training was greater than seven years ago.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising individual provided the training identify each supervising individual by name and provide their qualifications.

Item 2. Current Authorized Medical Physicist Seeking Additional Uses(s) Checked Above

Provide the requested information, i.e., documentation of device specific training (complete the table in 3.c) and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the device specific training was greater than seven years ago.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising medical physicist provided the training identify each supervising individual by name and provide their qualifications.

Item 3. Training and Experience for Proposed Authorized Medical Physicist

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than seven years ago.

Submit a completed section 3.a. Submit documentation of your graduate degree, for example, a copy of your diploma or transcript from an accredited college or university.

Submit a completed section 3.b. The individual must have completed one year of full time training in medical physics and an additional year of full time work experience which cannot be concurrent. This is documented in 3.b by providing the ranges of dates for training and work experience.

If the proposed authorized medical physicist had more than one supervisor, provide the information requested in section 3.b for each supervising individual. If the supervising individual is not an authorized medical physicist, the applicant must provide documentation that the supervising individual meets the requirements in 4731.4412 and 4731.4415.

Submit a completed section 3.c for each specific device for which the applicant is requesting authorization.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising medical physicist provided the training identify each supervising individual by name and provide their qualifications.

Submit a completed preceptor attestation in Part II.

Part II. Preceptor Attestation

The Preceptor Attestation page has four sections.

- The attestation to the proposed authorized medical physicist's training is in the first section.
- The attestation for the device specific training is in the second section.
- The attestation of the individual's competency to function independently as an authorized medical physicist for the specific devices requested by the applicant is in the third section.
- The fourth and final section requests specific information about the preceptor's authorizations to use licensed material in addition to the preceptor's signature.

The preceptor for a proposed new authorized medical physicist must fill out all four sections of this page.

The preceptor for an authorized medical physicist seeking additional authorizations must complete the last three sections.