

**TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - A**

**This form has been revised and renumbered. Please update your link to:  
<http://dhs.wisconsin.gov/forms/F4/F45010A.pdf>**

**4. Supervised Work Experience**

Completed one year of full-time radiation 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 Wisconsin Administrative Code, HFS 157 Subchapter VI, provide the following information for each:

Supervisor meets the requirements of HFS 157.61(7) or (10) or equivalent NRC or 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)
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**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 s. HFS 157.61(7).

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)
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Print Name of Preceptor

SIGNATURE – Preceptor	Date Signed
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