

TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - D
(Authorized User For Manual Brachytherapy Sources)

This form has been revised and renumbered. Please update your link to:

<http://dhs.wisconsin.gov/forms/F4/F45010d.pdf>

6. Supervised Clinical Experience in Radiation Oncology

Description of Experience	Location	Dates of Experience

7a. Training and Experience for Ophthalmic Uses of Strontium-90 under HFS 157.65(9) N/A

Classroom and Laboratory Training for Ophthalmic Uses of Strontium-90

Description of Experience	Location	Dates of Experience
Radiation Physics and Instrumentation	, -	
Radiation Protection	, -	
Mathematics pertaining to the Use and Measurement of Radioactivity	, -	
Radiation Biology	, -	

7b. Supervised Clinical Training for Ophthalmic Uses of Strontium-90 N/A

Description of Topics	Number of Cases Involving Personal Participation	Location	Dates of Experience
Examination of Each Person to be Treated		, -	
Calculation of the Dose to be Administered		, -	
Administration of Dose		, -	
Follow Up and Review of Each Individual's Case History		, -	

8. 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 requirements of s. HFS 157.65(8) or s. HFS 157.65(9) or equivalent NRC or another Agreement State requirements for the type(s) of use for which the individual named in Item 1 is seeking authorization..

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.

9. Preceptor Approval and Attestation

I meet DHFS requirements to be a preceptor authorized user for the type(s) of use for which the individual named in Item 1 is seeking authorization.

N/A Manual Brachytherapy

I attest that the individual named in number 1 has:

satisfactorily completed the training requirements in s. HFS 157.65(8)

AND

achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under s. HFS 157.65(1).

N/A Ophthalmic Uses of Strontium-90

I attest that the individual named in number 1 has:

satisfactorily completed the training requirements in s. HFS 157.65(8) or s. HFS 157.65(9)

AND

achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

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