

TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - G
(Authorized Medical Physicist)

**This form has been revised and renumbered. Please update your link to:
<http://dhs.wisconsin.gov/forms/F4/F45010G.pdf>**

6. 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 s. HFS 157.61(8) or (10) or equivalent NRC or another Agreement State requirements for the type(s) of use for which the person 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.

7. Preceptor Approval and Attestation

I am an authorized medical physicist authorized for the type(s) of use for which the individual named in Item 1 is seeking authorized medical physicist status.

I attest that the individual named in Item 1:

Has satisfactorily completed the training requirements in s. HFS 157.61(8).

AND

Has achieved a level of competency sufficient to independently function as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status.

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