



## **RHODE ISLAND RADIATION CONTROL AGENCY GUIDANCE FOR USING MAT-1A SERIES OF FORMS**

### **Documentation of Training and Experience to Identify Individuals on a License as Authorized User, Radiation Safety Officer, Authorized Nuclear Pharmacist, or Authorized Medical Physicist**

#### **A. Experienced Authorized Users, Authorized Medical Physicists, Authorized Nuclear Pharmacists, or Radiation Safety Officer**

An applicant or licensee that is adding an experienced Authorized User, Authorized Medical Physicist, Authorized Nuclear Pharmacist or Radiation Safety Officer to its medical use license only needs to provide evidence that the individual is listed on a medical use license issued by the Agency, the U.S Nuclear Regulatory Commission (NRC) or another Agreement State, a permit issued by a NRC master material licensee, a permit issued by an Agency, NRC or another Agreement State broad scope licensee, or a permit issued by a NRC master material broad scope permittee before 14 January 2019<sup>1</sup>, provided that the individual is authorized for the same types of use(s) requested in the application under review, and the individual meets the recentness of training criteria described in § 9.5.14<sup>2</sup>. When adding an experienced authorized nuclear pharmacist to the license, the applicant also may provide evidence that the individual is listed on an Agency, NRC or another Agreement State commercial nuclear pharmacy license or identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy authorized to identify authorized nuclear pharmacists. For individuals who have been previously authorized by, but not listed on, the commercial nuclear pharmacy license, medical broad scope license, or master materials license medical broad scope permit, the applicant should submit either verification of previous authorizations granted or evidence of acceptable training and experience.

#### **B. Applications that Include Individuals for New Authorized User, Authorized Medical Physicist, Authorized Nuclear Pharmacist, Ophthalmic Physicist, Radiation Safety Officer, or Alternate Radiation Safety Officer Recognition by the Agency**

Applicants should submit the appropriate completed form in the MAT-1A series to show that the individuals meet the correct training and experience criteria in Part 9 of the Agency regulations. For the applicant's convenience, the Form MAT-1A series has been separated into six separate forms. The Forms are MAT-1A-RSO for the Radiation Safety Officer and Alternate Radiation Safety Officer; MAT-1A-AMP for the Authorized Medical Physicist and Ophthalmic Physicist; MAT-1A-ANP for the Authorized Nuclear Pharmacist; MAT-1A-AUD for the Authorized User of the medical uses included in §§ 9.7.1, 9.7.3, and/or 9.10.1; MAT-1A-AUT for the Authorized User for the medical use included in § 9.8.1; and MAT-1A-AUS for the Authorized User for the medical uses included in §§ 9.9.1 and/or 9.11.1. There are two primary training and experience routes to qualify an individual as an Authorized User, Authorized Medical Physicist, Authorized Nuclear Pharmacist, Ophthalmic Physicist, Radiation Safety Officer, or Alternate Radiation Safety Officer. The first is by means of certification by a board recognized by NRC and listed on the NRC web site<sup>3</sup> as provided in §§ 9.5.10, 9.5.11, 9.5.12, 9.7.2, 9.7.5, 9.8.4, 9.8.6, 9.8.5, 9.9.9, 9.10.2, or 9.11.17. Preceptor attestations must

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<sup>1</sup> This date applies for an experienced Authorized User, Authorized Medical Physicist, Authorized Nuclear Pharmacist, Radiation Safety Officer, or Alternate Radiation Safety Officer listed on a license/permit.

<sup>2</sup> Unless otherwise specified, all references are to the indicated section(s) of 216-RICR-40-20, *Radiation* (Agency regulations). A copy of these regulations may be downloaded at no cost from the RI Secretary of State website <https://rules.sos.ri.gov/organizations/subchapter/216-40-20>.

<sup>3</sup> The applicable date for experienced individuals based on certain board certifications is 24 October 2005 (c.f., §.5.13/10 CFR 35.57). Current list of acceptable board certifications is available at <https://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>



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also be submitted for all individuals to qualify under Part 9 of the Agency regulations. Additional training may need to also be documented for Radiation Safety Officers, Alternate Radiation Safety Officers Authorized Medical Physicists, Ophthalmic Physicists and § 9.11.1 Authorized Users. The second route is by meeting the structured educational program, supervised work experience, and preceptor attestation requirements in Part 9 of the Agency regulations. In some cases there may be additional training and experience routes for experienced authorized users, authorized nuclear pharmacists, authorized medical physicists or radiation safety officers to seek additional authorizations.

### C. Recentness of Training

The required training and experience, including board certification, described in Part 9 of the Agency regulations must be obtained within the 7 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:

- Successful completion of classroom and laboratory review courses that include radiation safety practices relative to the proposed type of authorized medical use.
- Practical and laboratory experience with patient procedures using radioactive material for the same use(s) for which the applicant is requesting authorization.
- 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
- 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.

### D. General Instructions and Guidance for Filling Out MAT-1A Series Forms

If the applicant is proposing an individual for more than one type of authorization, the applicant may need to either submit multiple MAT-1A series forms or fill out some sections more than once. For example, an applicant that requests a physician be authorized for §§ 9.7.3 and 9.8.1 medical uses and as the RSO, needs to provide three completed MAT-1A series forms (i.e., MAT-1A-RSO, MAT-1A-AUD and MAT-1A-AUT). Also, if the applicant requests a physician be authorized for both high dose rate remote afterloading and gamma stereotactic radiosurgery under § 9.11.1, only one MAT-1A-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 another Agreement State license, 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 of a Master Materials License, provide a copy of the permit issued by the broad scope licensee/permittee.

Alternatively, you may provide a statement signed by the Radiation Safety Officer or chairperson of the Radiation Safety Committee similar to the following: “\_\_\_\_\_ (name of supervising individual or preceptor) is authorized under \_\_\_\_\_ (name of licensee/permittee) broad scope license number \_\_\_\_\_ to use \_\_\_\_\_ (materials) during \_\_\_\_\_ (time frame).”



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### **E. RADIATION SAFETY OFFICER & ALTERNATE RADIATION SAFETY OFFICER - Specific Instructions and Guidance for Filling Out Form MAT-1A-RSO**

#### **Name of individual**

Provide the individual's complete name so that the Agency can distinguish the training and experience received from that received by others with a similar name. Indicate whether the application is for radiation safety officer (RSO) or alternate radiation safety officer (ARSO).

*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.

#### **Requested Authorization(s)**

Check all categories that apply.

#### **Part I. Training and Experience - select one of five methods below:**

##### **Item 1. Board Certification**

Provide the requested information, i.e., a copy of the board certification, documentation of specific radiation safety training for all types of use on the license and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an Authorized Medical Physicist, Authorized Nuclear Pharmacist, or Authorized User who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in Section 5c and his/her qualifications if the source of this training was a Radiation Safety Officer, an Authorized Medical Physicist, Authorized Nuclear Pharmacist, or Authorized User. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

##### **Item 2. Current Radiation Safety Officer/Alternate Radiation Safety Officer Seeking Authorization to be Recognized as a Radiation Safety Officer/Alternate Radiation Safety Officer for the Additional Medical Use(s) Checked Above.**

Provide the requested information, i.e., documentation of specific radiation safety training (complete the table in Section 5c) and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the specific radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an Authorized Medical Physicist, Authorized Nuclear Pharmacist, or Authorized User who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in Section 5c and his/her qualifications if the source of this training was a Radiation Safety Officer, an Authorized Medical Physicist, Authorized Nuclear Pharmacist, or Authorized User. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

##### **Item 3. Authorized User, Authorized Medical Physicist, Ophthalmic Physicist, Authorized Nuclear Pharmacist Identified on the Licensee's License.**

Provide the information requested in Sections 3a, 3b and 3c, as applicable. As indicated on the form, additional information is needed if the specific radiation safety training was greater than 7 years ago.



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Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an Authorized Medical Physicist, Authorized Nuclear Pharmacist, or Authorized User who is authorized for that type of use. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

### **Item 4. Individuals Applying Simultaneously to be The RSO and AU On a New License.**

Provide the information requested in Sections 4a and 4b or complete Item 5.

### **Item 5. Structured Educational Program for Proposed New Radiation Safety Officer/ Alternate Radiation Safety Officer**

As indicated on the form, additional information is needed if the training, supervised radiation safety experience, and specific radiation safety training was completed more than 7 years ago.

Submit a completed Section 5a.

Submit a completed Section 5b. The individual must have completed one year of full-time radiation safety experience under the supervision of a Radiation Safety Officer. This is documented in section 5b by providing the ranges of dates for supervised radiation safety experience. If there was more than one supervising individual, identify each supervising individual by name and provide their qualifications.

Provide the requested information, i.e., documentation of specific radiation safety training for each use on the license (complete the table in Section 5c). Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an Authorized Medical Physicist, Authorized Nuclear Pharmacist, or Authorized User who is authorized for that type of use.

The applicant only has to identify the supervising individual in the table in Section 5c and his/her qualifications if the source of this training was a Radiation Safety Officer, an Authorized Medical Physicist, Authorized Nuclear Pharmacist, or Authorized User. If more than one supervising individual 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 that the proposed RSO/ARSO has satisfactorily completed a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by § 9.5.10 is in the first section.
- The attestation that the proposed RSO/ARSO has training in radiation safety, regulatory issues, and emergency procedures for the indicated types of use is in the second section.
- The attestation that the proposed RSO/ARSO is able to independently fulfill the radiation safety-related duties as an RSO/ARSO for a medical use license is in the third section.
- The fourth and final section requests specific information about the preceptor's authorization as a Radiation Safety Officer on a medical use license in addition to the preceptor's signature.

The preceptor for a new proposed RSO/ARSO must fill out all four sections of this page. The preceptor for an RSO/ARSO seeking authorization to be recognized as an RSO/ARSO for the additional medical use(s) must fill out the second, third, and fourth sections.



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### **F. AUTHORIZED MEDICAL PHYSICIST/OPHTHALMIC PHYSICIST - Specific Instructions and Guidance for Filling Out Form MAT-1A-AMP**

#### **Name of individual**

Provide the individual's complete name so that the Agency can distinguish the training and experience received from that received by others with a similar name. Indicate whether the application is for authorized medical physicist (AMP) or ophthalmic physicist.

*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.

#### **Requested Authorization(s)**

Check all categories that apply.

#### **Part I. Training and Experience - select one of the three methods below for authorized medical physicist (Items 1, 2 or 3) or ophthalmic physicist (Item 4):**

##### **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 Section 3c and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or device specific training was greater than 7 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 Section 3c 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 Section 3c and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the device specific training was greater than 7 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 Section 3c 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 7 years ago.

Submit a completed Section 3a. 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 3b. 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 3b by providing the ranges of dates for training and work experience.



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If the proposed Authorized Medical Physicist had more than one supervisor, provide the information requested in section 3b 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 §§ 9.5.11 and 9.5.14 of the Agency regulations.

Submit a completed Section 3c 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.

### **Item 4. Education, Training and Experience for Proposed Ophthalmic Physicist.**

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed Section 4a. 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 4b. 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 4b by providing the ranges of dates for training and work experience.

If the proposed Ophthalmic Physicist had more than one supervisor, provide the information requested in Section 4b 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 §§ 9.5.11 and 9.5.14 of the Agency regulations.

Submit a completed Section 4c to document training and supervised work experience.

The applicant only has to identify the supervising medical physicist in the table in Section 4c 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 hands-on training is in the second section.
- The attestation of the individual's competency to independently fulfill the radiation safety-related duties 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



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complete the last three sections.

### **G. AUTHORIZED NUCLEAR PHARMACIST - Specific Instructions and Guidance for Filling Out Form MAT-1A-ANP**

#### **Name of individual**

Provide the individual's complete name so that the Agency 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.

#### **Rhode Island License No. and Expiration Date**

Enter the requested information.

#### **Part I. Training and Experience - select one of the two methods below**

##### **Item 1. Board Certification**

Provide the requested information, i.e., a copy of the board certification and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification was greater than 7 years ago.

##### **Item 2. Structured Educational Program for a Proposed Authorized Nuclear Pharmacist**

As indicated on the form, additional information is needed if the training and/or supervised practical experience was completed more than 7 years ago.

Submit completed Sections 2a and 2b. If the proposed new nuclear pharmacist had more than one supervisor, provide the name of each supervising individual in Section 2b.

Submit a completed preceptor attestation.

#### **Part II. Preceptor Attestation**

The Preceptor Attestation page has two sections. The preceptor must select either the board certification or the structured educational program when filling out the first section on this page.

The second and final section of the page requests specific information about the preceptor's authorization to use licensed material in addition to the preceptor's signature.

### **H. §§ 9.7.1, 9.7.3, AND 9.10.1 AUTHORIZED USERS - Specific Instructions and Guidance for Filling Out Form MAT-1A-AUD**

#### **Name of individual**

Provide the individual's complete name so that the Agency 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.

#### **Rhode Island License No. and Expiration Date**

Enter the requested information.



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### Requested Authorization(s)

Check all categories that apply.

### 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 and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification was greater than 7 years ago.

#### Item 2. Current § 9.8.4 Authorized User Seeking Additional § 9.7.5 Authorization

- (a) Fill in the blank in Section 2a with the current license number on which the proposed user is listed.
- (b) Provide a description of the proposed user's experience that meets the requirements of § 9.7.5 as shown in the table in 2b. As indicated on the form, additional information is needed if this experience was obtained more than 7 years ago.

List each supervising individual by name and include the license showing the supervising individual as an authorized user.

#### Item 3. Training and Experience for Proposed Authorized Users

As indicated on the form, additional information is needed if the training and/or work experience was completed more than 7 years ago.

**Note:** Providing the training and experience information required under § 9.7.5 will allow the individual to be authorized to use materials permitted by both § 9.7.1 and 9.7.3.

Submit a completed Section 3a for each proposed authorized user.

Submit a completed Section 3b, except for § 9.10.1 uses. If the proposed user had more than one supervisor, provide the information requested in section 3b for each supervising individual.

Submit a completed Section 3c for § 9.10.1 uses.

Submit a completed preceptor attestation, except for § 9.10.1 uses.

### Part II. Preceptor Attestation

The Preceptor Attestation page has two sections.

The attestations for training and experience requirements in §§ 9.7.2 and 9.7.5 are found in the first section.

The second and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature

The preceptor must fill out both sections.

**Note:** The attestation to the proposed user's training and competency to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under § 9.7.2 covers the use of material permitted by § 9.7.1 only. The attestation to the proposed user's training and competency to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under § 9.7.5 training will allow the individual to be authorized to use material permitted by both § 9.7.1 and 9.7.3.



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### **I. § 9.8.1 AUTHORIZED USER - Specific Instructions and Guidance for Filling Out Form MAT-2A-AUT**

#### **Name of individual**

Provide the individual's complete name so that the Agency 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.

#### **Rhode Island License No. and Expiration Date**

Enter the requested information.

#### **Requested Authorization(s)**

Check all categories that apply.

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

##### **Item 1. Board Certification**

If you are a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under § 9.8.1 on NRC's website, provide the requested information, i.e., a copy of the board certification, documentation of supervised clinical experience (complete the table in Section 3c), and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or supervised clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If you are a radiation oncologist whose board certification is not listed under § 9.8.1 on NRC's website, provide the requested information (i.e., a copy of the board certification listed under either §§ 9.9.1 or 9.11.1 on NRC's website; documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in Sections 3a and 3b); documentation of supervised clinical experience (complete the table in Section 3c); and completed preceptor attestation). As indicated on the form, additional information is needed if the board certification, training and supervised work experience or clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

##### **Item 2. Current §§ 9.8.1, 9.9.1, or 9.11.1 Authorized User Seeking Additional Authorization**

Submit a completed Section 2a, listing the license number and the user's current authorizations.

If you are currently authorized for a subset of clinical uses under § 9.8.1, submit the requested information, i.e., complete the table in Section 3c to document your new supervised clinical case experience and the completed preceptor attestation. As indicated on the form, additional information is needed if the clinical case experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If you are currently authorized under §§ 9.9.9 or 9.11.17 and meet the requirements in § 9.8.7, submit the requested information, i.e., documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in Sections 3a and 3b); documentation of supervised clinical experience (complete the table in Section 3c); and completed



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preceptor attestation). As indicated on the form, additional information is needed if the training and supervised work experience or clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

### **Item 3. Training and Experience for Proposed Authorized Users**

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed Section 3a.

Submit a completed Section 3b. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed Section 3c for each requested authorization. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed preceptor attestation in Part II.

### **Part II. Preceptor Attestation**

The Preceptor Attestation page has five sections.

The attestations for training and experience requirements in §§ 9.8.4, 9.8.5, and 9.8.6 are in the first section.

The attestation for supervised clinical experience is in the second section.

The attestations for competency to function independently as an authorized user for specific uses is in the third section.

The attestation for training and experience requirements and competency to function independently for radiation oncologist meeting the requirements in § 9.8.7 is in the fourth section.

The fifth and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature.

There are seven possible categories of individuals seeking authorized user status under this form. Follow the instructions for the applicable category.

The preceptor for a proposed authorized user who is a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under § 9.8.4 on NRC's website must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for all the uses listed in § 9.8.4 who is a radiation oncologist with a board certification that is not listed under § 9.8.4 on NRC's website must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for § 9.8.4 uses who is a radiation oncologist with a board certification listed under §§ 9.9.9 or 9.11.17 on NRC's website must complete the fourth and fifth sections of this part.

The preceptor for an authorized user who is currently authorized for a subset of clinical uses under § 9.8.1 must complete the second, third, and fifth sections of this part, except for an authorized user meeting the criteria in § 9.8.5 seeking to meet the training and experience requirements under § 9.8.6.

The preceptor for an authorized user meeting the criteria in § 9.8.5 seeking to meet the training and experience requirements under § 9.8.6 must complete the first, second, third, and fifth sections of this part.



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The preceptor for an authorized user currently authorized under §§ 9.9.9 or 9.11.17 and meeting the requirements in § 9.8.7 must complete the fourth, and fifth sections of this part.

The preceptor for a proposed new authorized user must complete the first, second, third and fifth sections of this part.

### **J. §§ 9.9.1 AND 9.11.1 AUTHORIZED USERS - Specific Instructions and Guidance for Filling Out Form MAT-2A-AUS**

#### **Name of individual**

Provide the individual's complete name so that the Agency 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.

#### **Rhode Island License No. and Expiration Date**

Enter the requested information.

#### **Requested Authorization(s)**

Check all categories that apply.

#### **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, for § 9.11.1 uses documentation of device specific training in the table in Section 3e, and for all uses a completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor for new users, or either a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in Section 3e 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 § 9.11.1 Authorized User Requesting Additional Authorization for § 9.11.1 Use(s) Checked Above**

Provide the requested information, i.e., documentation of device specific training (complete the table in Section 3e and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor, or a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in Section 3e 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 3. Training and Experience for Proposed Authorized User**

As indicated on the form, additional information is needed if the training, residency program, supervised work and clinical experience was completed more than 7 years ago.



## RHODE ISLAND RADIATION CONTROL AGENCY GUIDANCE FOR USING MAT-1A SERIES OF FORMS

Submit a completed Section 3a for each requested use.

Submit a completed Section 3b if applying for § 9.9.1 uses. However, Section 3b does not have to be completed when only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised work and clinical experience identify each supervising individual by name and provide their qualifications.

Submit a completed Section 3c if only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised clinical experience identify each supervising individual by name and provide their qualifications.

Submit a completed Section 3d for each requested § 9.11.1 use. If more than one supervising authorized user provided the supervised work and clinical experience, identify each supervising individual by name and provide their qualifications.

Submit a completed Section 3e for each specific § 9.11.1 device for which the applicant is requesting authorization.

Device specific training may be provided by the vendor, or a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in 3.e 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.

Submit a completed preceptor attestation in Part II.

### **Part II. Preceptor Attestation**

The Preceptor Attestation part has five sections.

- The attestation to the training and individual's competency for § 9.9.1 uses or strontium 90 eye applicator use is in the first section.
- The attestation to the training for the proposed authorized user for § 9.11.1 uses is in second section.
- The attestation for the § 9.11.1 device specific training is in the third section.
- The attestation of the individual's competency to function independently as an authorized user for the specific § 9.11.1 devices requested by the applicant is in the fourth section.
- The fifth and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature.

The preceptor for a § 9.9.1 proposed authorized user must fill out the first and fifth sections of this Part.

The preceptor for a § 9.11.1 proposed authorized user must fill out the second, third, fourth and fifth sections.

The preceptor for an authorized user seeking additional § 9.11.1 authorizations must complete the third, fourth, and fifth sections.