

UVA TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT
For Use of Low Activity Radioactive Seeds Used for
Localization of Non-Palpable Lesions and Lymph Nodes

Instructions: Complete all applicable items. Retain one copy and submit original of the document to the Radiation Safety Officer. Please contact the Radiation Safety Officer if you have any questions regarding this form.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Name of Individual

2. State Licensure

I am licensed to practice medicine in Virginia. A copy of my license is attached

3. Certification (include a copy of certificate)

Specialty Board	Category	Month and Year Certified

Note: Items 4 and 5 do not need to be completed when using Board Certification to meet 12VAC5-481, Part VII, training and experience requirements

4. Classroom and Laboratory Training

Description of Training	Location	Dates and Clock Hours of Training
Radiation Physics and Instrumentation		
Radiation Protection		
Mathematics Pertaining to Use and Measurement of Radioactivity		
Radiation Biology		

5. Supervised Work Experience

Description of Experience	Location	Dates of Experience
Ordering, receiving and unpacking radioactive materials		
Checking survey meters for proper operation and performing radiation surveys		
Preparing, implanting and removing brachytherapy sources		
Maintaining running inventories of radioactive materials on hand		
Using administrative controls to avoid medical events in the administration of radioactive material.		

6. Supervised Clinical Experience in Use of Low Activity Radioactive Seeds Used for Localization of Non-Palpable Lesions and Lymph Nodes

Description of Experience	Location	Dates of Experience
Work experience which includes at least 3 cases, wherein the RSL preceptor AU utilizes needles used to implant seeds		
Work experience that includes identifying (radioactive seed appearance and characteristics), preparing, implanting, and observing the removal RSL sources safely, including radiation safety and handling procedures and precautions		
Work experience that includes routine monitoring before, during, and after all uses of the seeds to ensure rapid identification and remediation of a damaged, ruptured, lost/missing or leaking source		

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Description of Experience	Location	Dates of Experience
Training provided by either an RSL preceptor AU, or a 12VAC5-481-1940 preceptor AU experienced with sentinel node biopsy using photo emitting radiopharmaceuticals (e.g. technetium-99m) to include performing the related radiation surveys using the appropriate instrumentation (i.e., intraoperative gamma probe) to identify the location of an implanted seed(s) for excision		

7. Supervising Individual – Identification and Qualifications

If more than one supervising individual is needed to meet requirements in **12VAC5-481, Part VII**, provide the following information for each.

Supervisor is Currently approved as an AU for RSL or meets the requirements of VAC5-481-2018 or equivalent NRC or another Agreement State requirements.

Name of Supervising Individual

Name of License on which Supervisor is Authorized:

Materials License Number

PART II – PRECEPTOR ATTESTATION

8. Preceptor Approval and Attestation

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

Manual Brachytherapy

Has satisfactorily completed the training requirements in 12VAC5-481-2018;
AND

Has achieved a level of competency sufficient to independently function as an authorized user of manual brachytherapy sources for the medical uses authorized under 12VAC5-481-2018.

Radioactive Seed Localization (RSL)

I attest that the individual named in Number 1 has:

Satisfactorily completed the training requirements in Section 6 above

Achieved a level of competency sufficient to function independently as an authorized user of Low Activity Radioactive Seeds Used for Localization of Non-Palpable Lesions and Lymph Nodes

Name of License on which Preceptor is Authorized:

Materials License Number

Print Name of Preceptor

SIGNATURE - Preceptor

Date Signed