

University of Virginia

AUTHORIZED MEDICAL PHYSICIST APPLICATION

Questions? Contact the Radiation Safety Officer/Office of Environmental Health & Safety 2-4911

| PART 1 (TO BE COMPLETED BY APPLICANT): | | |
|---|--|---|
| 1. Complete Part 1 2. Sign and date at the end of Part 1 3. Submit the required documents 4. Return completed form by email to the RSO. | | |
| Name (Last, First, MI – Please print) | UVa Computing ID (e.g. drr2c) | |
| Are you currently an AMP on an NRC, Agreement State, Broad Scope or Master Material License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the license number, Agency and provide a copy if possible: If no, complete the appropriate training, experience and Attestation Form and submit with this application. http://ehs.virginia.edu/Radiation-Safety-Medical.html | | |
| I am requesting authorization as an AMP for the following modalities: <input type="checkbox"/> 12VAC5-481-2040 (HDR, Teletherapy) <input type="checkbox"/> 12VAC5-481-2060 (Emerging Technology: Gamma Knife or IVB) | | |
| <i>I have reviewed this application and attest that the information provided in this application and attachments is correct. I have completed the required training and experience documented in this application under the supervision or direction of the individual(s) named as Preceptor. I understand that this information is necessary to document that I meet the requirements outlined in the Virginia Radiation Protection Regulations and to obtain the authorization for medical uses of radioactive material under the University of Virginia's Radioactive Materials License.</i> | | |
| Signature: | Date: | |
| PART 2 (TO BE COMPLETED BY EHS): | | |
| Date Received: | Received the proper documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical License verified? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: | | |
| Health Physicist Review: | | <input type="checkbox"/> Approval Recommended |
| Comments: | | |
| Signature: | | Date: |
| RSC Reviewer #1: | | <input type="checkbox"/> Approval Recommended |
| Comments: | | |
| Signature: | | Date: |
| RSC Reviewer #2: | | <input type="checkbox"/> Approval Recommended |
| Comments: | | |
| Signature: | | Date: |
| AMP NUMBER ASSIGNED: | RSO SIGNATURE: | Date: |