

# 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, are you board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No (include a copy of the certification) If no, complete the appropriate training, experience and <b>Attestation Form</b> and submit with this application. <a href="http://ehs.virginia.edu/Radiation-Safety-Medical.html">http://ehs.virginia.edu/Radiation-Safety-Medical.html</a>		
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: