



Environmental Health and Radiation Safety Radiation Safety Office

Request for Authorized User Status for External Beam Radiation Therapy

Requested Authorization: (**Please Check Box**):

- ☐ Use of equipment subject to Chapter 3701:1-67 "External Beam Radiation Therapy Equipment" of the Ohio Administrative Code.

PLEASE NOTE: For any therapy equipment subject to Chapter 3701:1-67 of the Administrative Code, the physician who authorizes use of the therapy equipment is required to be:

(1) Certified in one of the following:

- (a) Radiation oncology or therapeutic radiology by the "American Board of Radiology" or combined diagnostic and therapeutic radiology program by the "American Board of Radiology" prior to 1976; or
- (b) Radiation oncology by the "American Osteopathic Board of Radiology"; or
- (c) Radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"; or
- (d) Therapeutic radiology by the "Canadian Royal College of Physicians and Surgeons"; or,

(2) In active practice of therapeutic radiology, and has completed two hundred hours of instruction in basic radiation techniques applicable to the use of an external beam radiation therapy unit, five hundred hours of supervised work experience, and supervised clinical experience.

Please sign and date below:

Print name of Applicant: _____

Signature of Applicant: _____

Date: _____

Attach evidence of qualification under OAC 3701:1-67-02(C)(1), or complete the attached preceptor form for qualification under (2).

PRECEPTOR FORM

Applicant: _____

Print name of Applicant

The applicant:

- ☐ Is in active practice of therapeutic radiology
- ☐ Has completed two hundred hours of instruction in basic radiation techniques applicable to the use of an external beam radiation therapy unit, five hundred hours of supervised work experience, and supervised clinical experience.

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- ☐ To satisfy the requirement for instruction, the classroom and laboratory training included:

- (a) Radiation physics and instrumentation;
- (b) Radiation protection;
- (c) Mathematics pertaining to the use and measurement of ionization radiation; and
- (d) Radiation biology.

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- ☐ To satisfy the requirement for supervised work experience, training was under the supervision of an authorized user who is certified by one of the boards listed on the previous page and included:

- (a) Review of the calibration measurements and quality assurance performance testing;
- (b) Evaluation of prepared treatment plans and calculation of treatment times/patient treatment settings;
- (c) Using administrative controls to prevent medical events;
- (d) Implementing emergency procedures to be followed in the event of the abnormal operation of an external beam radiation therapy unit or console; and
- (e) Checking and using radiation survey meters.

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- ☐ To satisfy the requirement for a period of supervised clinical experience, training included one year in a formal training program and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user. The one year in a formal training program was approved by either:
- (a) The "Residency Review Committee" for "Radiology of the Accreditation Council for Graduate Medical Education"; or
 - (b) The "Committee on Postdoctoral Training" of the "American Osteopathic Association."
- ☐ The additional two years of clinical experience in therapeutic radiology was under the supervision of an authorized user and included:
- (a) Examining patients and reviewing their case histories to determine their suitability for external beam radiation therapy treatment, and any limitations or contraindications;
 - (b) Selecting proper dose and how it is to be administered;
 - (c) Calculating the therapy equipment doses and collaborating with the authorized user in the review of patients' progress and consideration of the need to modify originally prescribed doses and treatment plans as warranted by patients' reaction to radiation; and
 - (d) Post-administration follow-up and review of case histories.
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Please sign and date below:

Print name of Preceptor: _____

Signature of Preceptor: _____

Certifying Board of Preceptor: _____

Date: _____

Please submit this application and all supporting materials to the Radiation Safety Officer: joseph.agosti@utoledo.edu

Please include:

- A letter requesting Authorized User status for submission to the University of Toledo X-ray QA Committee.
- Resume or Curriculum Vitae
- Qualifications:
 - Copy of Board Certifications;or,
 - Preceptor Form

All requests for Authorized User status must be approved by the University of Toledo X-ray QA Committee.