



**STATE OF CONNECTICUT**  
**DEPARTMENT OF ENERGY ENVIRONMENTAL PROTECTION**

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.400 and 35.600) [10 CFR 35.57, 35.490, 35.491, and 35.690]**



Name of Proposed Authorized User	State or Territory Where Licensed
<b>Requested Authorization(s)</b> (check all that apply)	
<input type="checkbox"/> 35.400 Manual brachytherapy sources <input type="checkbox"/> 35.600 Teletherapy unit(s)	
<input type="checkbox"/> 35.400 Ophthalmic use of strontium-90 <input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s)	
<input type="checkbox"/> 35.600 Remote afterloader unit(s)	

**PART I -- TRAINING AND EXPERIENCE**

**(Select one of the three methods below)**

\*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. For 35.690, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. For a board certification issued on or before October 24, 2005, that is listed in 10 CFR 35.57(b)(2)(iii), provide the following:
  - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
  - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- d. Stop here.

**2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

- a. Go to the table in section 3.e. to document training for new device.
- b. If board certified, provide a copy of the certificate and stop here. If not board certified, provide completed Part II Preceptor Attestation.

**3. Training and Experience for Proposed Authorized User**

- a. Classroom and Laboratory Training     35.490     35.491     35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

**Total Hours of Training:**

**Affirmative Action, Equal Employment Opportunity and Americans with Disabilities**

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or [deep.accommodations@ct.gov](mailto:deep.accommodations@ct.gov) if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
 (for uses defined under 35.400 and 35.600)  
**[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*)

<b>Supervised Work Experience</b>		<b>Total Hours of Experience:</b>		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*	
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Using emergency procedures to control byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Council on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.400 and 35.600)**  
**[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

d. Supervised Work and Clinical Experience for 10 CFR 35.690

Remote afterloader unit(s)     Teletherapy unit(s)     Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience		Total Hours of Experience: <input type="text"/>	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing treatment plans and calculating treatment doses and times		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
 (for uses defined under 35.400 and 35.600)  
**[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)**

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Council on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

**e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.**

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation			
Safety procedures for the device use			
Clinical use of the device			
Supervising Individual. (If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)	License/Permit Number listing supervising individual as an Authorized User		

Authorized for the following types of use:

Remote afterloader unit(s)       Teletherapy unit(s)       Gamma stereotactic radiosurgery unit(s)

**f. Provide completed Part II Preceptor Attestation.**

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.400 and 35.600)**  
**[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)**

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each requested authorization:**

**For 35.490:**

I attest that \_\_\_\_\_ has satisfactorily completed the 200 hours of  
 \_\_\_\_\_ Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**For 35.491:**

I attest that \_\_\_\_\_ has satisfactorily completed the 24 hours of  
 \_\_\_\_\_ Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For 35.690:**

I attest that \_\_\_\_\_ has satisfactorily completed 200 hours of classroom  
 \_\_\_\_\_ Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

**AND**

**Third Section**

**For 35.690: (continued)**

I attest that \_\_\_\_\_ has received training required in 35.690(c) for device  
 \_\_\_\_\_ Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

Remote afterloader unit(s)    Teletherapy unit(s)    Gamma stereotactic radiosurgery unit(s)

**AND**

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.400 and 35.600)**  
**[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)**

**Fourth Section**

I attest that \_\_\_\_\_ is able to independently fulfill the radiation safety-

Name of Proposed Authorized User

related duties as an authorized user for:

Remote afterloader unit(s)    Teletherapy unit(s)    Gamma stereotactic radiosurgery unit(s)

**Fifth Section****Complete one of the following for attestation and signature:**

Authorized User:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

<input type="checkbox"/> 35.400 Manual brachytherapy sources	<input type="checkbox"/> 35.600 Teletherapy unit(s)
<input type="checkbox"/> 35.400 Ophthalmic use of strontium-90	<input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s)
<input type="checkbox"/> 35.600 Remote afterloader unit(s)	<input type="checkbox"/> 35.57 for 35.400 and/or 35.600 uses, as applicable

**OR**

Residency Program Director (for 35.490 and/or 35.690 only):

I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

<input type="checkbox"/> 35.400 Manual brachytherapy sources	<input type="checkbox"/> 35.57 for 35.400 uses
<input type="checkbox"/> 35.600 Teletherapy unit(s)	<input type="checkbox"/> 35.57 for teletherapy unit(s)
<input type="checkbox"/> 35.600 Remote afterloader unit(s)	<input type="checkbox"/> 35.57 for remote afterloader unit(s)
<input type="checkbox"/> 35.600 gamma stereotactic radiosurgery unit(s)	<input type="checkbox"/> 35.57 gamma stereotactic radiosurgery unit(s)

I affirm that this faculty member concurs with the attestation I am providing as program director.

I affirm that the residency training program is approved by the:

<input type="checkbox"/> Residency Review Committee of the Accreditation Council for Graduate Medical Education
<input type="checkbox"/> Royal College of Physicians and Surgeons of Canada
<input type="checkbox"/> Council on Postdoctoral Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:

35.490    35.690

**C. CERTIFYING OFFICIAL**

I certify that the submitted information is true, accurate and complete to the best of my knowledge and belief and is on complete and accurate forms as prescribed by the commissioner without alteration of text.

Name of Facility:

License/Permit Number:

Name of Preceptor or Residency Program Director (Typed or printed):

Telephone Number:

Date:

Signature:

**\* BY ENTERING MY NAME ABOVE, I AGREE THAT I AM PROVIDING MY LEGAL SIGNATURE, AND AM LEGALLY BOUND BY THE CERTIFICATIONS ABOVE.\***

**WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. DEEP REGULATIONS REQUIRE THAT SUBMISSIONS TO DEEP BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. IN ACCORDANCE WITH THE PROVISIONS SECTION 22a-6, SECTION 53A-157B, AND SECTION 22A-158C OF THE CONNECTICUT GENERAL STATUTES AND IN ACCORDANCE WITH ANY OTHER APPLICABLE STATUTE, MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE STATE OF CONNECTICUT TO ANY MATTER WITHIN ITS JURISDICTION.**