



Tennessee Department of Environment and Conservation  
 Division of Radiological Health  
 3rd Floor, L&C Annex, 401 Church Street  
 Nashville, TN 37243-1532

<b>TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b>	<b>All regulatory references are to the Tennessee State Regulations for Protection Against Radiation (SRPAR)</b>
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**PART 1 – TRAINING AND EXPERIENCE**

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

**Name of Individual:**

**1. For Physicians, Podiatrists, Dentists, Pharmacists:**  
 State of Tennessee Medical License # \_\_\_\_\_  
 Expiration date \_\_\_\_\_

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

**TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**5a. WORK EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

**5b. SUPERVISED CLINICAL CASE EXPERIENCE**

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

<b>TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)</b>			
<b>6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)</b>			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation
<b>7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME WORK EXPERIENCE</b>			
YES		Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision of _____ the RSO of License Number _____.	
N/A			
<b>8. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING / WORK EXPERIENCE</b>			
YES		Completed 1-year of full time training in therapeutic radiological physics under the supervision of an individual who meets requirements for Authorized Medical Physicists; and	
N/A			
YES		Completed 1-year of full-time work experience (for areas identified in item 5a) for _____ modality(s) under the supervision of an individual who meets the requirements of an Authorized Medical Physicist(s) for _____ modality(s).	
N/A			
<b>9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS</b>			
<p>The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 1200-02-07, provide the following information for each):</p> <p>A. Name of Supervisor _____ B. Supervisor is:</p> <div style="margin-left: 200px;"> <input type="checkbox"/> Authorized User  <input type="checkbox"/> Radiation Safety Officer  <input type="checkbox"/> Authorized Medical Physicist  <input type="checkbox"/> Authorized Nuclear Pharmacist         </div> <p>C. Supervisor meets requirements of 1200-02-07, Rules (s) _____ for medical uses in 1200-02-07, (Rule(s) _____.</p> <p>D. Address: _____ E. Materials License Number _____</p> <p>_____</p> <p>_____</p>			

**TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate attestation from each.

I attest the individual named in Item 1:

11a. Has satisfactorily completed (select all that apply):

- 1200-02-07-.23 Training for Radiation Safety Officer
- 1200-02-07-.24 Training for an Authorized Medical Physicist
- 1200-02-07-.25 Training for an Authorized Nuclear Pharmacist
- 1200-02-07-.39 Training for Uptake, Dilution, and Excretion Studies
- 1200-02-07-.43 Training for Imaging and Localization Studies
- 1200-02-07-.47 Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required
- 1200-02-07-.48 Training for the Oral Administration of Sodium Iodine I-131 Requiring a Written Directive in Quantities Less Than or Equal to 1.22 Gigabecquerels (33 Millicuries)
- 1200-02-07-.49 Training for the Oral Administration of Sodium Iodine I-131 Requiring a Written Directive in Quantities Greater Than 1.22 Gigabecquerels (33 Millicuries)
- 1200-02-07-.50 Training for the Parenteral Administration of Unsealed Radioactive Material Requiring a Written Directive
- 1200-02-07-.59 Training for Use of Manual Brachytherapy Sources
- 1200-02-07-.60 Training for Ophthalmic Use of Strontium-90
- 1200-02-07-.80 Training for Use of Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Unit(s)

Documented in section(s) \_\_\_\_\_ of this form.

11b. Name of Preceptor (*print clearly*)

11c. Signature – Preceptor

11d. Date