



**RC Form 256-2a AUTHORIZED MEDICAL PHYSICIST TRAINING AND
EXPERIENCE AND PRECEPTOR ATTESTATION**
Accepted Board Certification

Name of Proposed Authorized Medical Physicist	License No.
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Requested Authorization(s) *(Check all that apply)*

- §289.256(rr) Ophthalmic use of Strontium-90
- §289.256(ddd) Remote Afterloader Unit(s)
- §289.256(ddd) Teletherapy Unit(s)
- §289.256(ddd) Gamma Stereotactic Radiosurgery Unit(s)

Part I – Training and Experience

Training and experience, including board certification, must have been obtained within the preceding 7 years or the individual must have obtained related continuing education and experience since the initial training and experience was completed. Provide dates, duration, and a description of continuing education and experience related to the uses checked under "Requested Authorizations."

- Attach a copy of one of the following accepted specialty board certifications:

American Board of Radiology (ABR) from June 2007 to June 2010 for the Therapeutic Radiologic Physics specialty with the words "AMP Eligible" appearing above the ABR seal or from May 2011 to present for the Therapeutic Medical Physics specialty with the words "AMP Eligible" appearing above the ABR seal. Certificates issued from May 2012 forward will initially be recognized for 4 years from the date of issuance; **Canadian College of Physicists in Medicine** from January 2009 forward for the Radiation Oncology Physics specialty.

- Describe training provider and dates of training, for each type of use.

Description of Training	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			

Device Training (<i>continued</i>)	
Supervising Individual (if applicable)	License No. authorizing supervising individual
<input type="checkbox"/> Vendor training record attached (if applicable)	

If applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
Ophthalmic use of Strontium-90			

Part II – Preceptor Attestation

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.

I attest that _____ has satisfactorily completed
Name of Proposed Authorized Medical Physicist

the requirements in §289.256(j)(1)(A) and (1)(B) and (3) and has achieved a level of competency sufficient to function independently as an authorized medical physicist for the following medical uses:

- | | |
|--|--|
| <input type="checkbox"/> §289.256(rr) Ophthalmic use of Strontium-90 | <input type="checkbox"/> §289.256(ddd) Teletherapy Unit(s) |
| <input type="checkbox"/> §289.256(ddd) Remote Afterloader Unit(s) | <input type="checkbox"/> §289.256(ddd) Gamma Stereotactic Radiosurgery Unit(s) |

I am an Authorized Medical Physicist for the following uses:

- §289.256(rr) Ophthalmic use of Strontium-90
- §289.256(ddd) Remote Afterloader Unit(s)
- §289.256(ddd) Teletherapy Unit(s)
- §289.256(ddd) Gamma Stereotactic Radiosurgery Unit(s)

Preceptor Name (Print)	Signature	Phone Number
License No./Facility Name		Date

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).