NRC FORM 313A (RSO)	U.S. NUCLEAR REGULATORY COMMISSION		
RADIATION	N SAFETY OFFICER TRAINING E AND PRECEPTOR ATTESTATION [10 CFR 35.50]	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 03/31/2016	
Name of Proposed Radiation Safety Officer			
Requested Authorization(s) The license	authorizes the following medical uses (check all	that apply):	
35.100 35.200 35	5.300 35.400 35.500 34	5.600 (remote afterloader)	
35.600 (teletherapy)	5.600 (gamma stereotactic radiosurgery)	5.1000 ()	
	PART I TRAINING AND EXPERIENCE (Select one of the four methods below)		
*Training and Experience, including boa application or the individual must have	rd certification, must have been obtained within t obtained related continuing education and experi le dates, duration, and description of continuing e	ence since the required training	
1. Board Certification			
a. Provide a copy of the board cert	ification.		
 b. Use Table 3.c. to describe training all types of medical use on the lice 	ng in radiation safety, regulatory issues, and eme nse.	rgency procedures for	
c. Skip to and complete Part II Pred	ceptor Attestation.		
	OR		
2. Current Radiation Safety Office Officer for the Additional Medic	r Seeking Authorization to Be Recognized as al Uses Checked Above	a Radiation Safety	
a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought. b. Skip to and complete Part II Preceptor Attestation.			
	OR		
	m for Proposed Radiation Safety Officer		
a. Classroom and Laboratory Tra		Clock Dates of	
Description of Training	Location of Training	Hours Training*	
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training:			

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (If more than one supervising individual is necessary to document supervision)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Location of Training/ License or Permit Number of Facility	Dates of Training*

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. <u>Structured Educational Program for Proposed Radiation Safety Officer (continued)</u>

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses: 35.100 35.200 35.500 35.600 (remote afterloader) 35.600 (gamma stereotactic radiosurgery)	 ☐ 35.400 ☐ 35.600 (teletherapy) ☐ 35.1000 (

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

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F	RADIATION SAFETY OFFICER TRAINING AND EXPER	RIENCE AND PRECEPTOR ATTESTATION (continued)			
3.	Structured Educational Program for Proposed Radia	ation Safety Officer (continued)			
	 c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued) 				
	Supervising Individual If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)	License/Permit Number listing supervising individual			
	License/Permit lists supervising individual as:				
	Radiation Safety Officer Authorized Us	er 🗌 Authorized Nuclear Pharmacist			
	Authorized Medical Physicist				
	Authorized as RSO, AU, ANP, or AMP for the follow	ing medical uses:			
	35.100 35.200 35.300	35.400			
	35.500 35.600 (remote afterloader)	35.600 (teletherapy)			
	35.600 (gamma stereotactic radiosurgery)	35.1000 ()			
	d. Skip to and complete Part II Preceptor Attestation.				
	O	R			
<u> </u>	4. <u>Authorized User, Authorized Medical Physicist, o</u> the licensee's license	or Authorized Nuclear Pharmacist identified on			
	a. Provide license number.				
	b. Use the table in section 3.c. to describe training in procedures for all types of medical use on the lice	n radiation safety, regulatory issues, and emergency ense.			
	c. Skip to and complete Part II Preceptor Attestation				
	PART II – PRECEP	TOR ATTESTATION			
Note	individual as long as the preceptor provides, directs, one preceptor is necessary to document experience.	eptor. The preceptor does not have to be the supervising or verifies training and experience required. If more than , obtain a separate preceptor statement from each.			
	et Section teck one of the following:				
\square	1. <u>Board Certification</u>				
		has satisfactorily completed the requirements in			
	Name of Proposed Radiation Safety Officer				
	10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).			
	O	R			
	2. Structured Educational Program for Proposed Rad	diation Safety Officers			
	I attest that	has satisfactorily completed a structural educational			
	Name of Proposed Radiation Safety Officer program consisting of both 200 hours of classroom a				
	radiation safety experience as required by 10 CFR 3				

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. ,	ETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Preceptor Attestation	on (continued)			
First Section (conti Check one of the fo				
3. <u>Additional</u>	Authorization as Radiation Safety Officer			
I attest that	is an			
	Name of Proposed Radiation Safety Officer			
Auth	orized User Authorized Nuclear Pharmacist			
Auth	orized Medical Physicist			
aspects	identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities			
	AND			
Second Section				
Complete for all <i>(cl</i>	neck all that apply):			
I attest that	has training in the radiation safety, regulatory issues, and			
	Name of Proposed Radiation Safety Officer			
	cedures for the following types of use:			
35.100				
35.200				
35.300	oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required			
35.300	oral administration of greater than 33 millicuries of sodium iodide I-131			
35.300	parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
35.300	parenteral administration of any other radionuclide for which a written directive is required			
35.400				
35.500				
35.600	remote afterloader units			
35.600	teletherapy units			
35.600	gamma stereotactic radiosurgery units			
35.1000	emerging technologies, including:			

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RADIATION SAFELT OFFICER IN		EPTORATIESTATION	(Continueu)
	AND		
Third Section Complete for ALL			
I attest that Name of Proposed Radia	has achieved a level of r	radiation safety knowled	ge
sufficient to function independently	as a Radiation Safety Officer for a medic	al use licensee.	
Fourth Section Complete the following for Preceptor	Attestation and signature		
I am the Radiation Safety Officer for	Name of Facil	ity	
License/Permit Number:			
Name of Preceptor	Signature	Telephone Number	Date
	1		