# Day 3, Exercise 4 – User Qualification Review

| **Medical Physicist Training and Experience** | | | |
|---|---|---|---|
| **1** | **Date of Application:** | | |
| **2** | **Name of Proposed Medical Physicist:** | | |
| **Certifications** | | | |
| **3** | **Attach copies of Diplomas and/or Certifications held** | | |
| **Training and Experience** | | | |
| **4** | **Classroom and Laboratory Training** | | |
| **Description of Training** | **Location of Training** | **Clock Hours** | **Dates of Training** |
| Medical Physics | | | |
| Performing Full Calibration of Linear Accelerators | | | |
| Performing Monthly and Daily Sport Checks of Linear Accelerators | | | |
| Conducting radiation surveys around Linear Accelerators | | | |
| **5** | **Total hours of classroom and laboratory training:** | | |
| **6** | **Device Specific Training** | | |
| **Description of Training** | **Location of Training** | **Clock Hours** | **Dates of Training** |
| Hands-on device operation | | | |
| Safety procedures for device use | | | |
| Clinical use of the device | | | |
| Treatment Planning system operation | | | |
| **7** | **Total hours of training:** | | |
| **8** | **Supervising Medical Physicist:** | | |
| **19** | **Applicant Attestation:**<br>I confirm, I have completed one (1) year of full time training and one (1) year of full time work experience as a medical physicist (signature and date)<br>and<br>I confirm that the information submitted is true and factual (signature and date) | | |