Day 3, Exercise 4 – User Qualification Review

Responsible Physician Training and Experience			
1	**Date of Application:**		
2	**Name of Proposed Responsible Physician:**		
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**
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radiation			
Radiation Biology			
5	**Total hours of classroom and laboratory training:**		
6	**Supervised Work and Clinical Experience:**		
Clinical experience in radiation oncology as part of a formal training program	**Location of Training**	**Clock Hours**	**Dates of Training**
Preparing treatment plans and calculating monitor units			
Using administrative controls to prevent a reportable event			
Emergency procedures			
Selecting the proper dose and how it is administered			
7	**Total hours of training:**		
8	**Supervising Responsible Physician:**		
9	**Device Specific Training :**		
Description of Training	**Location of Training**	**Clock Hours**	**Dates of Training**
Device operation (Identify: Make Machine and Model)			
Safety procedures for the device used			

Clinical use of the device			

10	**Total hours of training:**
11	**Applicant Attestation:** confirm, I have completed three (3) years of full time training and one (1) year of full time work experience as a responsible physician (signature and date) I confirm that the information submitted is true and factual (signature and date)