



**APPLICATION REQUESTING AUTHORIZED MEDICAL PHYSICIST (AMP)
STATUS FOR THERAPEUTIC USE OF RADIATION IN OR ON HUMANS**

**For Uses Under 10 CFR 35.400 and 35.600
Manual Brachytherapy, HDR, Gamma Knife**

APPLICATION PROCESS

1. Prospective AMPs must submit this completed application and all required attachments to the Radiation Safety Department no later than the end of the month prior to a radiation safety committee meeting month in order for the application to be considered during that meeting. Committee meeting months are January, April, July, and October. The completed application with attachments may be submitted via email to: **radiationsafety@hsc.wvu.edu**.
2. The WVU Radiological Safety Committee has chosen to go above and beyond NRC work experience requirements and, therefore, requires prospective AMPs complete additional clinical case experience in each modality in which they are applying. Cases must be completed at WVU Hospitals, under the direct supervision of an AMP for that modality under the WVUH NRC radioactive materials license. If you were an active AMP at another institution and have completed at least 10 cases within the last year in each modality in which you are applying, you will only need to complete 3 cases at WVUH. All other applicants must complete 10 cases in each modality in which they are applying under the supervision of a AMP under the WVUH NRC radioactive materials license.
3. The Radiation Safety Officer (RSO) will review the application. If the RSO approves the application, it will be forwarded to the Human Use Committee (HUC) and the Radiation Safety Committee (RSC) for final review and approval. If the RSO denies the application, the prospective AMP will be given an opportunity to amend their application.
4. If approved by the HUC and RSC, a notification of approval letter will be sent to you, your supervisor, department, and others as necessary.
5. AMPs wishing to amend their current authorization will follow the same application process as described above, however they will submit a modified application. The AMP is required to fulfill all training requirements in 10 CFR Part 35 for the modality in which they are amending their application and will be required to complete 10 supervised cases before the amendment is approved. The application must be approved by the RSO, HUC, and RSC.

DESCRIPTION OF PATHWAYS TO OBTAIN AUTHORIZATION

A prospective Authorized Medical Physicist (AMP) may obtain authorization by meeting the requirements in one of the following three training and experience pathways.

- Pathway 1: The prospective AMP is currently or had previously been an AMP on another institution's NRC or Agreement State radioactive materials license or permit.
- Pathway 2: The prospective AMP has a certification in a specialty board recognized by the NRC under 10 CFR Part 35. The applicant must have passed the certifying exam to meet the requirements of this pathway. Being eligible to sit for the certifying exam does not meet the requirements for this pathway.
- Pathway 3 "Alternate route": If the prospective AMP does not meet the requirements in pathways 1 or 2, they will need to provide documentation of classroom and laboratory training, supervised work experience, and supervised clinical experience for the use requested. This pathway also requires written attestation, signed by a preceptor AMP, that the training and experience requirements were satisfactorily completed and that the individual is able to independently fulfill the radiation safety-related duties as an AMP for the requested uses.

INSTRUCTIONS TO APPLICANT

1. The following sections will guide the applicant through the different pathways to authorization under 35.51. The applicant should follow the directions in the sections closely, as they will indicate what information and attachments that the applicant must provide. Throughout the following application sections will be links (in blue) to various NRC and other reference documents. Applicants should reference these documents as necessary.
2. If training and experience (including Board Certification) has not been obtained within the last 7 years preceding the date of this application, attach recent continuing education and experience required by [10 CFR 35.59](#).
3. All new applicants, regardless of pathway to authorization must submit the following documents with their application: (select all that will be submitted with this application)
 - Your CV
 - Letters of recommendation from at least two individuals who can corroborate your previous training history and experience with radioactive materials.
4. Letters of recommendation provided with this application should be addressed to:

Stephen Root, MS
 Radiation Safety Officer
 PO Box 9006
 Morgantown, WV 26506

PART A: APPLICANT INFORMATION

Name:

MD

PhD

Department:

Title:

Section:

SS#:

Office Rm #:

PO Box:

Off Phone:

Dept Chair:

Fax:

Email:

I understand the authorization to use such materials is a privilege granted by the WVUH Human Use of Radiation and Radionuclides Committee and is regulated by the laws of the State of West Virginia and the US Nuclear Regulatory Commission. I agree to abide by all applicable laws, to follow recognized safe practices in the use of radioactive materials and radiation producing devices. I have received the required training in radiation safety practices and obtained a copy of the applicable regulations and Radiation Safety Manual from Radiation Safety. I am hereby submitting the attached application for approval.

Select One:

☐**New Application.**☐**Modification** to previously approved application and/or authorization.**(Only complete sections that require modification and review.)**

Briefly describe modification to previously approved application:

Signed:

Date:

(Applicant)

PART B: REQUESTED USE(S), RADIONUCLIDES REQUESTED AND POSSESSION LIMITS

B.1 What use regulated under NRC 10 CFR 35 Subparts F – Manual Brachytherapy and H – Photon Emitting Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units are you applying for? (*check all that apply*):

35.400 Manual Brachytherapy (below check all requested isotopes)

Iodine-125 (permanent implant brachytherapy) Possession limit:

Iodine-125 (Eye plaque temporary brachytherapy) Possession limit:

Other, explain:

Other, explain:

35.600 High dose rate brachytherapy (Varian BRAVOS, Iridium-192)

35.600 Gamma stereotactic radiosurgery unit

PART C: SELECTED PATHWAY TO AUTHORIZATION

C.1 Select the pathway by which the applicant is seeking approval as an Authorized Medical Physicist (AMP) (after making your selection you will be redirected to the Part of this application that you need to complete):

Pathway 1: Previously listed on, or authorized under, an NRC or Agreement State license (**if you select this pathway complete Part D only**)

Pathway 2: Applicable Board Certification (**if you select this pathway complete Part E only**)

Pathway 3 "Alternate route": Preceptor's written attestation of applicant's completion of specified Training and Experience (**if you select this pathway complete Part F only**)

PART D: PATHWAY 1 PREVIOUS OR CURRENT AUTHORIZED MEDICAL PHYSICIST (AMP)

D.1 Select the modalities under 35.400 and 600 that you are currently or were previously an AMP for on another NRC or Agreement State license or permit. (Select all that apply)

35.400 Manual Brachytherapy

35.600 HDR

35.600 Gamma Knife

D.2 Are you seeking an additional authorization under 35.600 that you were not previously authorized for? (For example: previously authorized under 35.600 for HDR and currently applying for HDR and Gamma Knife).

Yes

No

*If you selected Yes, you will need to submit device training documentation for the additional use as described [10 CFR 35.51\(c\)](#).

D.3 Have you completed at least 10 cases within the last year as an AMP in each modality in which you were previously an AMP for at another NRC or Agreement State license or permit?

Yes

No

*If you checked Yes, you will be required to complete at least 3 cases in each modality in which you are applying at WVUH under the supervision of an AMP in that modality under the WVUH NRC radioactive materials license. If you checked No, you will be required to complete at least 10 cases in each modality in which you are applying at WVUH under the supervision of an AMP in that modality under the WVUH NRC radioactive materials license. If you are applying for an additional authorization under 35.600, you will need to complete 10 cases in that modality.

D.4 Provide the name of the institution that you are currently or were previously an AMP. Provide the name and contact information of the Radiation Safety Officer or another individual who would be able to provide documentation of your AMP status (e.g. NRC or Agreement State radioactive materials license, or Radiation Safety Committee approval letter).

Institution:

Contact person:

Phone number:

Email address:

D.5 In addition to the required documentation listed in Instruction to Applicants in line number 3, you will need to provide the following additional information as attachments to this application. Check all attachments that you will be submitting with this application. Please submit any other documentation not included on this list (certifications, additional coursework or training, publications) that may be relevant.

NRC or Agreement State license from institution in which you were previously an AMP

Radiation Safety Committee letter approving you as an AMP (if AMPs are not specifically listed on NRC or Agreement State license). Letter should include make and model of devices you are approved for.

Documentation of cases completed within the last year at the institution in which you were previously an AMP

Documentation of additional device training required under [10 CFR 35.51\(c\)](#), if applicable. This documentation should be submitted on NRC Form 313A (AMP) following the instructions for "2. Current AMP Seeking Additional Authorization" on Page 1.

A copy of the completion certificate and course syllabus of a Gamma Knife Training Course, if applicable.

A copy of your Board Certification, if applicable.

Documentation of cases required at WVU under supervision of an AMP

PART E: PATHWAY 2 BOARD CERTIFICATION

E.1 Provide the name of the Board Certification and date received.

Reference NRC specialty board(s) certification recognized by NRC under 10 CFR Part 35 for each modality at this link: <https://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>

Name of specialty board:

Date received:

E.2 You must complete at least 10 cases at WVUH in each modality in which you are applying under the supervision of an AMP in that modality under the WVUH NRC radioactive materials license.

Have you completed this requirement?

Yes

No

E.3 In addition to the required documentation listed in Instructions to Applicants in line number 3, you will need to provide the following information as attachments to this application. Check all attachments that you will be submitting with this application. Please submit any other documentation not included on this list (certifications, additional coursework or training, publications) that may be relevant.

A copy of the Board Certification

Documentation of 10 cases in each modality required at WVUH under supervision of an AMP under the WVUH NRC radioactive materials license.

If applying for use under 35.600, provide documentation of training in device operation, safety procedures and clinical use as required by [10 CFR 35.51\(c\)](#) for each modality in which you are applying. This documentation should be provided on NRC Form 313A (AMP).

A copy of the completion certificate and course syllabus of a Gamma Knife Training Course, if applicable.

A copy of the NRC or Agreement State radioactive materials license where you completed supervised work and clinical experience.

PART F: PATHWAY 3 "ALTERNATE ROUTE" EDUCATION, TRAINING, AND EXPERIENCE

F.1 Applicants must provide documentation of classroom and laboratory training, supervised work experience, and supervised clinical experience. Below are links to training and experience requirements for each use as specified in 10 CFR Part 35. Applicants should reference these training and experience requirements to ensure all training and experience documentation is submitted with this application.

[Training for an Authorized Medical Physicist - 10 CFR 35.51](#)

F.2 Applicants should submit training and experience documentation on the NRC Form 313 A series form, below.

[For AMP training, experience and preceptor attestation for uses under 35.400 and 35.600](#)

F.3 You must complete at least 10 cases at WVUH in each modality in which you are applying under the supervision of an AMP in that modality under the WVUH NRC radioactive materials license. Have you completed this requirement?

Yes

No

F.4 In addition to the required documentation listed in Instructions to Applicants in line number 3, you will need to provide the following information as attachments to this application. Check all attachments that you will be submitting with this application. Please submit any other documentation not included on this list (certifications, additional coursework or training, publications) that may be relevant.

Documentation of the classroom and laboratory training, supervised work experience, and supervised clinical experience (NRC 313A series form)

A written attestation, signed by a preceptor AMP, (this may be completed on NRC 313A series form).

Documentation that the preceptor AMP is authorized in that modality.

If applying for use under 35.600, provide documentation of training in device operation, safety procedures and clinical use as required by [10 CFR 35.51\(c\)](#) for each modality in which you are applying.

A copy of the completion certificate and course syllabus of a Gamma Knife Training Course, if applicable.

Documentation of 10 cases in each modality required at WVUH under supervision of an AMP under the WVUH NRC radioactive materials license.

A copy of the NRC or Agreement State radioactive materials license where you completed supervised work and clinical experience.

Human Use Application Processing Data (For Radiation Safety Department Only)

Application Received _____/_____/_____

Returned for Additional Info _____/_____/_____ _____/_____/_____

Application Received _____/_____/_____ _____/_____/_____

Temp approval: _____/_____/_____ Signed: _____

Committee approval: _____/_____/_____ Denied: _____/_____/_____

Comments: _____

