Therapy Training & Acknowledgment

FORM 34

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Person or Role: _____ **Equipment or Scope:** _____

Training Started: _____ **Training Completed:** _____ **Responsibility Assigned:** _____

Verify role-specific qualifications, training duration, and competency before assigning operational responsibility.

Topic or Qualification or Task	Date or Duration	Trainer or Evidence Reference
Machine-specific operation and procedures		
Personnel monitoring and radiation safety		
QA and operating or emergency procedures		
Role-specific training or demonstrated competence		
Additional authorized-user or maintenance evidence		

Acknowledgment: I have read the operating and emergency procedures identified below, understand how to access them, and agree to adhere to the operating procedures.

Procedure Titles or Versions: _____

Trainee Signature or Date: _____

Trainer or RSO Verification And Role Authorization Date: _____

Retain complete training and credential evidence; this worksheet does not itself establish qualification.

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Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____