Authorized User Training and Experience

Name of Proposed Authorized User

Name of Licensee Where Physician Wishes to be Approved

Requested Authorization(s) (check all that apply)

☐ 420-3-26.07(45) Uptake, dilution, and excretion studies
☐ 420-3-26-07(48) Imaging and localization studies
☐ 420-3-26-07(70) Sealed sources for diagnosis (specify device ____________________________ )

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ 1. Board Certification
   a. Provide a copy of the board certification.
   b. If using only .07(70) materials, stop here. If using .07(45) and/or .07(48) materials, skip to and complete Part II Preceptor Attestation.

   a. Authorized user on Materials License ____________________________ meeting .07(56) or equivalent NRC or Agreement State requirements seeking authorization for .07(51).
   b. Supervised Work Experience,
      (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Clock Hours</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours of Experience:

Supervising Individual

License/Permit Number on which the supervising individual is listed as an Authorized User

Supervisor meets the requirements below (or equivalent from NRC or Agreement State). [check all that apply]

☐ .07(51)  ☐ .07(56) + generator experience in .07(51)(c)1.(ii)(VII)
3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Location of Training</th>
<th>Clock Hours</th>
<th>Dates of Training*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation physics and instrumentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics pertaining to the use and measurement of radioactivity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemistry of radioactive material for medical use (not required for .07(70))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation biology</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours of Training:**

b. Supervised Work Experience (completion of this table is not required for .07(70)).

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

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Clock Hours</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculating, measuring, and safely preparing patient or human research subject dosages</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Clock Hours</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using administrative controls to prevent a misadministration in the use of unsealed radioactive material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using procedures to contain spilled radioactive material safely and using proper decontamination procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administering dosages of radioactive drugs to patients or human research subjects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours of Experience:**

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Number on which the supervising individual is listed as an Authorized User</th>
</tr>
</thead>
</table>

Supervisor meets the requirements below, or equivalent NRC or Agreement State requirements *(check one).*

- [ ] .07(47)
- [x] .07(51)
- [ ] .07(56)
- [x] .07(56) + generator experience in .07(51(c)1.(ii)(VII)

**c. For .07(71) only, provide documentation of training on use of the device.**

<table>
<thead>
<tr>
<th>Device</th>
<th>Type of Training</th>
<th>Location and Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**d. For .07(70) uses only, stop here. For .07(45) and .07(48) uses, skip to and complete Part II Preceptor Attestation.**
Note: This part must be completed by the individual's preceptor. The preceptor may have been the supervising individual, or may have provided, directed, or verified all training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in .07(71))

First Section
Check one of the following for each use requested:

For .07(47)

Board Certification

☐ I attest that ____________________________________________

Name of Proposed Authorized User

has satisfactorily completed the requirements in 420-3-26-.07(47)(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 420-3-26-.07(45).

OR

Training and Experience

☐ I attest that ____________________________________________

Name of Proposed Authorized User

has satisfactorily completed the 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by .07(47)(c)1, and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under .07(45).

For .07(51)

Board Certification

☐ I attest that ____________________________________________

Name of Proposed Authorized User

has satisfactorily completed the requirements in 420-3-26-.07(51)(a)1. and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under .07(45) and (48).

OR

Training and Experience

☐ I attest that ____________________________________________

Name of Proposed Authorized User

has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 420-3-26-.07(51)(c)1., and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under .07(45) and (48).

Second Section
Complete the following for preceptor attestation and signature:

☐ I meet the requirements below, or equivalent NRC or Agreement State requirements, as an authorized user for:

☐ .07(47)  ☐ .07(51)  ☐ .07(56)  ☐ .07(56) + generator experience

Name of Preceptor __________________________ Signature __________________________ Telephone Number __________________________ Date __________________________

License/Permit Number/Facility Name __________________________