FORM RM-HU(AUD)

Alabama Department of Public Health - Radiation Control

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

(for uses defined under 420-3-26-.07(45), (48) and 70)

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Name of Proposed Authorized User		Name of Licensee Where Physic	ian Wishes to b	e Approved
Requested Authorization(s) (check all that	t apply)			
420-3-26.07(45) Uptake, dilution, and	excretion studies			
420-3-2607(48) Imaging and localiza	ation studies			
420-3-2607(70) Sealed sources for d	diagnosis (specify o	device		_)
		S AND EXPERIENCE hree methods below)		
* Training and Experience, including boa the date of application or the individual the required training and experience wa education and experience related to the	ard certification, mu must have obtaine as completed. Pro	ist have been obtained within the related continuing education vide dates, duration, and described	n and experien	ice since
1. Board Certification				
a. Provide a copy of the board certifi	ication.			
 b. If using only .07(70) materials, sto Preceptor Attestation. 	op here. If using .0	7(45) and/or .07(48) materials	, skip to and c	omplete Part II
2. <u>Current .07(56) Authorized User</u>	Seeking Addition	nal .07(51) Authorization		
 a. Authorized user on Materials Lice State requirements seeking autho b. Supervised Work Experience. (If more than one supervising indicopies of this section.) 	orization for .07(51)			, and the second
Description of Experience		f Experience/License or t Number of Facility	Clock Hours	Dates of Experience*
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				
Total Hours of Experience:				
		License/Permit Number on which the supervising individual is listed as an Authorized User		
Supervisor meets the requirement .07(51) .07(56) + ge		lent from NRC or Agreement see in .07(51)(c)1.(ii)(VII)	State). [check	all that apply]

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. 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 radioactivity			
Chemistry of radioactive material for medical use (not required for .07(70))			
Radiation biology			
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.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
Calculating, measuring, and safely preparing patient or human research subject dosages			

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience		Location of Experience/License or Permit Number of Facility			Dates of Experience*
Using administrative controls to prevent a misadministration in the use of unsealed radioactive mater					
Using procedures to contain spille radioactive material safely and us proper decontamination procedure	ing				
Administering dosages of radioac drugs to patients or human resear subjects					
Eluting generator systems approprior the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagen kits to prepare labeled radioactive drugs	e d t				
	Total Hours	of Experience	:		
Supervising Individual License/Permit Number on which thesupervising individual is listed as an Authorized User				ng individual is	
Supervisor meets the requiremen	ts below, or equivale	ent NRC or Agr	eement State req	uirements (ch	eck one).
.07(47) .07(51) .07(56) .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.					
Device	Type of Tra	ining	Location and Dates		

d. For .07(70) uses only, stop here. For .07(45) and .07(48) uses, skip to and complete Part II Preceptor Attestation.

FORM RM-HU(AUD) **AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)** 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 verifed 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** has satisfactorily completed the requirements in I attest that Name of Proposed Authorized User 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 has satisfactorily completed the 60 hours of training and I attest that Name of Proposed Authorized User 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** has satisfactorily completed the requirements in I attest that Name of Proposed Authorized User 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 has satisfactorily completed the 700 hours of training I attest that Name of Proposed Authorized User 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:

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