**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**
(for uses defined under 420-3-26-.07(52))
[420-3-26-.07(56), (57), (58) and (59)]

<table>
<thead>
<tr>
<th>Name of Proposed Authorized User</th>
<th>Name of Licensee Where Physician Wishes to be Approved</th>
</tr>
</thead>
</table>

**Requested Authorization(s) (check all that apply):**

- [ ] .07(52) Use of unsealed radioactive material for which a written directive is required

**OR**

- [ ] .07(52) Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [ ] .07(52) Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [ ] .07(52) Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- [ ] .07(52) Parenteral administration of any other radionuclide for which a written directive is required

### PART I -- TRAINING AND EXPERIENCE

(Select one of the three methods below)

1. **Board Certification**
   a. Provide a copy of the board certification.
   b. For .07(56), provide documentation of supervised clinical case experience. The table in section 3.c. may be used to document this experience.
   c. For .07(59), provide documentation of classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
   d. Skip to and complete Part II Preceptor Attestation.

2. **Current .07(52), .07(60), or .07(72) Authorized Users Seeking Additional Authorization**
   a. Authorized User on Materials License ________________________ under the requirements below or equivalent NRC or Agreement State requirements (check all that apply):
      - [ ] .07(56)  - [ ] .07(57)  - [ ] .07(58)  - [ ] .07(68)  - [ ] .07(89)
   b. If currently authorized for a subset of clinical uses under .07(52), provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
   c. If currently authorized under .07(68) or .07(89) and requesting authorization for .07(59), provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

New or first-time Authorized Users must complete sections 3.a., b. and c. and Part II, Preceptor Attestation
### 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>
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<tr>
<td>Mathematics pertaining to the use and measurement of radioactivity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chemistry of radioactive material for medical use</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 Classroom and Laboratory Training:**

#### b. Supervised Work Experience

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

<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>
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<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>
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<td></td>
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</tr>
<tr>
<td>Calculating, measuring, and safely preparing patient or human research subject dosages</td>
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</tr>
<tr>
<td>Using administrative controls to prevent a misadministration involving the use of unsealed radioactive material</td>
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<td></td>
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</tr>
<tr>
<td>Using procedures to contain spilled radioactive material safely and using proper decontamination procedures</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours of Supervised Work Experience:**
b. Supervised Work Experience (continued)

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Name and Number listing supervising individual as an authorized user</th>
</tr>
</thead>
</table>

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

- [ ] .07(56) With experience administering dosages of:
  - Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive
  - Parenteral administration of any other radionuclide requiring a written directive

Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

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c. Supervised Clinical Case Experience

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

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Number of Cases Involving Personal Participation</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral administration of any other radionuclide for which a written directive is required</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   c. Supervised Clinical Case Experience (continued)

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Number listing supervising individual as an authorized user</th>
</tr>
</thead>
</table>

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

- [ ] .07(56) With experience administering dosages of:
  - Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following for each requested authorization:

For .07(56):

- **Board Certification**
  - [ ] I attest that ________________________________ has satisfactorily completed the training and experience requirements in 420-3-26-.07(56)(a)1.
  
  Name of Proposed Authorized User

- **OR**

- **Training and Experience**
  - [ ] I attest that ________________________________ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 429-3-26-.07(56)(b)1.
  
  Name of Proposed Authorized User
Preceptor Attestation (continued)

For .07(57) (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that ____________________________ has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 420-3-26-.07(57)(c)1., and the supervised work and clinical case experience required in 420-3-26-.07(57)(c)2.

For .07(58) (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that ____________________________ has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 420-3-26-.07(58)(c)1., and the supervised work and clinical case experience required in 420-3-26-.07(58)(c)2.

Second Section

☐ I attest that ____________________________ has satisfactorily completed the required clinical case experience required in 420-3-26-.07(57)(b)(i)(VII) listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☐ I attest that ____________________________ has satisfactorily achieved a level of competency to function independently as an authorized user for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive
**Authorized User Training and Experience and Preceptor Attestation (continued)**

**Fourth Section**

**For .07(59):**

- **Current .07(68) or .07(89) authorized user:**
  - [ ] I attest that ________________________________ is an authorized user under 420-3-26-.07(68) or (89) or equivalent NRC or Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 420-3-26-.07(59)(d)1., and the supervised work and clinical case experience required by 420-3-26-.07(59)(d)2., and has achieved a level of competency sufficient to function independently as an authorized user for:
    - [ ] Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
    - [ ] Parenteral administration of any other radionuclide for which a written directive is required

- **Board Certification:**
  - [ ] I attest that ________________________________ has satisfactorily completed the board certification requirements of 420-3-26-.07(59(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 420-3-26-.07(59)(d)1., and the supervised work and clinical case experience required by 420-3-26-.07(59)(d)2., and has achieved a level of competency sufficient to function independently as an authorized user for:
    - [ ] Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
    - [ ] Parenteral administration of any other radionuclide for which a written directive is required

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**Fifth Section**

**Complete the following for preceptor attestation and signature:**

- [ ] I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
  - [ ] .07(56)  [ ] .07(57)  [ ] .07(58)  [ ] .07(59)

- [ ] I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.
  - [ ] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - [ ] Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - [ ] Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - [ ] Parenteral administration of any other radionuclide requiring a written directive

<table>
<thead>
<tr>
<th>Name of Preceptor</th>
<th>Signature</th>
<th>Telephone Number</th>
<th>Date</th>
</tr>
</thead>
</table>

License/Permit Number/Facility Name