## Authorized User Training and Experience

### Part I -- Training and Experience

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
   c. For 35.396, 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.
   d. Skip to and complete Part II Preceptor Attestation.

2. **Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**
   a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements *(check all that apply):*
      - 35.390
      - 35.392
      - 35.394
      - 35.490
      - 35.690
   b. If currently authorized for a subset of clinical uses under 35.300, 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 35.490 or 35.690 and requesting authorization for 35.396, 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.

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

- 35.300 Use of unsealed byproduct material for which a written directive is required
- OR
- 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.300 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
- 35.300 Parenteral administration of any other radionuclide for which a written directive is required
### 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 byproduct 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 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>Confirm</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>□ Yes □ No</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>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Calculating, measuring, and safely preparing patient or human research subject dosages</td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Using administrative controls to prevent a medical event involving the use of unsealed byproduct material</td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Using procedures to contain spilled byproduct material safely and using proper decontamination procedures</td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>
3. **Training and Experience for Proposed Authorized User** (continued)

b. **Supervised Work Experience** (continued)

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

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)**:

- [ ] 35.390 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.

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>

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- [ ] 35.390 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.

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 35.390:

**Board Certification**

- [ ] I attest that ___________ has satisfactorily completed the training and experience requirements in 35.390(a)(1).

**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 10 CFR 35.390 (b)(1).
Preceptor Attestation (continued)

First Section (continued)

For 35.392 (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 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (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 10 CFR 35.394(c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☐ I attest that ____________________________________________ has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G 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
Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that ______________________ is an authorized user under 10 CFR 35.490 or 35.690 or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(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 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396 (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

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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

☐ 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

Name of Preceptor | Signature | Telephone Number | Date
---|---|---|---

License/Permit Number/Facility Name