

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under RH-8500, RH-8530, and RH-8620)
[RH-8510, RH-8540, and RH-8621]

Name of Proposed Authorized User

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

- RH-8500 Uptake, dilution, and excretion studies
- RH-8530 Imaging and localization studies
- RH-8620 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 RH-8620 materials, stop here. If using RH-8500 and RH-8530 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current RH-8560 Authorized User Seeking Additional RH-8540 Authorization**
 - a. Authorized user on Materials License _____ meeting RH-8560 or equivalent U.S. NRC or Agreement State requirements seeking authorization for RH-8540.
 - b. Supervised Work Experience .
(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* |
|--|---|-------------|----------------------|
| 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:

| | |
|------------------------|--|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user |
|------------------------|--|

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

- RH-8540 RH-8560 + generator experience in RH-8540

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 <i>(not required for RH-8621)</i> | | | |
| Radiation biology | | | |
| Total Hours of Training: | | | |

b. Supervised Work Experience (completion of this table is not required for RH-8621).

(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 | | | |

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 | Clock Hours | Dates of Experience* |
|--|---|-------------|----------------------|
| Using administrative controls to prevent a medical event involving the use of unsealed radioactive material | | | |
| Using procedures to contain spilled radioactive material safely and using proper decontamination procedures | | | |
| Administering dosages of radioactive drugs to patients or human research subjects | | | |
| 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:

| | |
|------------------------|--|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user |
|------------------------|--|

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

- RH-8510
 RH-8540
 RH-8560
 RH-8560 + generator experience in RH-8540

c. For RH-8621 only, provide documentation of training on use of the device.

| Device | Type of Training | Location and Dates |
|--------|------------------|--------------------|
| | | |
| | | |

d. For RH-8620 uses only, stop here. For RH-8500 and RH-8530 uses, skip to and complete Part II Preceptor Attestation.

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 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. (Not required to meet training requirements in RH-8621)

First Section

Check one of the following for each use requested:

For RH-8510

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

RH-8510 and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RH-8500.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by RH-8510, and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RH-8500.

For RH-8540

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

RH-8540 and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RH-8500 and RH-8530.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by RH-8540, and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RH-8500 and RH-8530.

Second Section

Complete the following for preceptor attestation and signature:

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

- RH-8510 RH-8540 RH-8560 RH-8560 + generator experience

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

License/Permit Number/Facility Name