



Arizona Radiation Regulatory Agency
 4814 South 40th Street
 Phoenix, AZ 85040

Telephone: (602) 255-4845

Fax: (602) 437-0705

**AUTHORIZED USER
 TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
 (for use in Groups 100, 200 and 500)**

Name of Proposed Authorized User	State or Territory Where Licensed
----------------------------------	-----------------------------------

Requested Authorization(s). *(Check all that apply.)*

Group 100 Uptake, dilution, and excretion studies

Group 200 Imaging and localization studies

Group 500 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 seven 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 Group 500 materials, **stop here**. If using Group 100 and Group 200 materials, skip to Part II - Preceptor Attestation.
- 2. Current R12-1-723 Authorized User seeking Additional R12-1-721 Authorization**
- a. Authorized User on Materials License Number _____ meeting R12-1-723 or equivalent NRC or Agreement State requirements seeking authorization for R12-1-721.
- 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 and 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 reagents kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual	License or Permit Number that lists the supervising individual as an Authorized User
------------------------	--

Supervising individual meets the requirements below, or equivalent NRC or Agreement State requirements.
(Check all that apply.)

R12-1-721 R12-1-723

**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			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (*Completion of this table is not required for R12-1-728.*)
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience	Location of Experience and License or Permit Number of Facility	Confirm	Dates of Work Experience*
Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Training and experience must have been obtained within seven 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.

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 Training/Experience	Location of Experience, License or Permit Number of Facility	Confirm	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual _____ License or Permit Number that lists the supervising individual as an Authorized User _____

Supervising individual meets the requirements below, or equivalent NRC or Agreement State requirements. *(Check one.)*
 R12-1-719 R12-1-721 R12-1-723

c. For R12-1-728 only, provide documentation of training on the use of the device.

Device	Type of Training	Location and Dates

d. For Group 500 uses only, **stop here**. For Group 100 and Group 200 uses, skip to Part II - Preceptor Attestation.

* Training and experience must have been obtained within seven 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.

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 the 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 the training requirements for R12-1-728.)*

First Section

Check one of the following for each use requested:

For R12-1-719

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
R12-1-719 and has achieved a level of competency sufficient to function independently as an Authorized User for medical uses authorized in accordance with R12-1-7 Exhibit A Group 100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training
Name of Proposed Authorized User
And experience, including a minimum of 8 hours of classroom and laboratory training, required by R12-1-719 and has achieved a level of competency sufficient to function independently as an Authorized User for medical uses authorized in accordance with R12-1-7 Exhibit A Group 100.

For R12-1-721

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
R12-1-721 and has achieved a level of competency sufficient to function independently as an Authorized User for medical uses authorized in accordance with R12-1-7 Exhibit A Group(s) 100 & 200.

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 R12-1-721, and has achieved a level of competency sufficient to function independently as an Authorized User for medical uses authorized in accordance with R12-1-7 Exhibit A Group(s) 100 & 200.

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:

R12-1-719 R12-1-721 R12-1-723

Name of Preceptor	Signature	Date
Telephone Number	License or Permit Number and Facility Name	