Print Form

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 Group 300)

Name of Proposed Authorized User	State or Territory Where Licensed

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

- ☐ Group 300 (Use of unsealed radioactive material for which a written directive is required)
- ☐ Group 300 (Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 33 millicuries (1.22 gigabecquerels)
- ☐ Group 300 (Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 33 millicuries (1.22 gigabecquerels)
- ☐ Group 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)
- ☐ Group 300 (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)

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. For R12-1-723(A), provide documentation on supervised clinical case experience. The table in 3.c. may be used to document this experience.

c. For 10 CFR 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. Tables in 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to Part II - Preceptor Attestation.

☐ **2. Current Group 300, Group 400, or Group 600 Authorized User Seeking Additional Authorization**

a. Authorized User on Radioactive Materials License _____ in accordance with the requirements below or equivalent NRC or Agreement State requirements. *(Check all that apply.)*

☐ R12-1-723(A) ☐ R12-1-723(B) ☐ R12-1-723(C) ☐ R12-1-727 ☐ R12-1-744

b. If currently authorized for a subset of clinical uses in accordance with group 300, provide documentation on additional required supervised case experience. The table in 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized in accordance with R12-1-727 or R12-1-744 and requesting authorization for 10 CFR 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. Tables in 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II - Preceptor Attestation.

AUTHORIZED USER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION *(continued)*

☐ **3. Training, and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training
☐ R12-1-723(A) ☐ R12-1-723(B) ☐ R12-1-723(C) ☐ 10 CFR 35.396

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
☐ R12-1-723(A) ☐ R12-1-723(B) ☐ R12-1-723(C) ☐ 10 CFR 35.396
If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material		☐ Yes ☐ No	
Using procedures to contain spilled radioactive material safely and proper decontamination procedures		☐ Yes ☐ 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)*
   c. Supervised Work Experience *(continued)*

Supervising Individual	License or Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below or equivalent NRC or Agreement State requirements. *(Check all that apply.)*[1]

☐ R12-1-723(A)	With experience administering dosages of: ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 33 millicuries (1.22 gigabecquerels)
☐ R12-1-723(B)	☐ Oral NaI-131 requiring a written directive in quantities greater than 33 millicuries (1.22 gigabecquerels)
☐ R12-1-723(C)	☐ Parenteral administration of beta-emitter or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive
☐ 10CFR35.396	☐ Parenteral administration of any other radionuclide requiring a written directive

[1] 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.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience and License or Permit Number of Facility	Dates of Work Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 33 millicuries (1.22 gigabecquerels)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 33 millicuries (1.22 gigabecquerels)			
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 _____ (List radionuclides)			

* 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)*
   c. Supervised Clinical Case Experience *(continued)*

Supervising Individual	License or Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below or equivalent NRC or Agreement State requirements. *(Check all that apply.)*[1]

	With experience administering dosages of:
☐ R12-1-723(A)	☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 33 millicuries (1.22 gigabecquerels)
☐ R12-1-723(B)	☐ Oral NaI-131 requiring a written directive in quantities greater than 33 millicuries (1.22 gigabecquerels)
☐ R12-1-723(C)	☐ Parenteral administration of beta-emitter or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive
☐ 10CFR35.396	☐ Parenteral administration of any other radionuclide requiring a written directive

[1] 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 the 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 R12-1-723
Board Certification

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

in R12-1-723.

OR

Training, and Experience

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

training in medical physics and an additional year of full-time experience as required by program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by R12-1-723.

AUTHORIZED USER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION *(continued)*

Preceptor Attestation *(continued)*

First Section *(continued)*

For R12-1-723(B) (Identical Attestation Statement Regardless of Training and Experience Pathway)

☐ I attest that _____ has satisfactorily completed 80 hours of
Name of Proposed Authorized User
Classroom and laboratory training as required by R12-1-723(B) and the supervised work and clinical case experience in R12-1-723(B)

For R12-1-723(C) (Identical Attestation Statement Regardless of Training and Experience Pathway)

☐ I attest that _____ has satisfactorily completed 80 hours of
Name of Proposed Authorized User

Classroom and laboratory training as required by R12-1-723(C)and the supervised work and clinical case experience in R12-1-723(C).

Second Section

☐ I attest that _____ has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in R12-1-723 listed below:

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

Third Section

☐ I attest that _____ has satisfactorily achieved a level of competency
Name of Proposed Authorized User

sufficient to function independently as an Authorized User for:

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

AUTHORIZED USER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION *(continued)*

Preceptor Attestation *(continued)*

Fourth Section

For 10 CFR 35.396 (Current R12-1-727 or R12-1-744 authorized user):

☐ I attest that _____ is an Authorized User in accordance with
Name of Proposed Authorized User
R12-1-727 or R12-1-744 or equivalent NRC or Agreement State requirements, has satisfactorily completed 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 10 CFR 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an Authorized User for:

☐ 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

OR

Board Certification

☐ I attest that _____ has satisfactorily completed the board
Name of Proposed Authorized User
Certification requirements in 10 CFR 35.396 has satisfactorily completed 80 hours of classroom and laboratory training as required by 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 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

Fifth 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:

☐ R12-1-723(A) ☐ R12-1-723(B) ☐ R12-1-723(C) ☐ 10 CFR 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 33 millicuries (1.22 gigabecquerels)

☐ Oral NaI-131 requiring a written directive in quantities greater than 33 millicuries (1.22 gigabecquerels)

☐ 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

Name of Preceptor	Signature	Date

Telephone Number	License or Permit Number	Facility Name