RHODE ISLAND RADIATION CONTROL AGENCY

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

(for uses defined under 216-RICR-40-20-9.8.1)

[§§ 9.8.4, 9.8.5, 9.8.6 and 9.8.7*]

Name of Proposed Authorized User

Rhode Island License No. and Expiration Date:

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

☐ § 9.9.1 Use of unsealed radioactive material for which a written directive is required

OR

☐ § 9.9.1 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ § 9.9.1 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ § 9.9.1 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

PART I - TRAINING AND EXPERIENCE

(Select one of the three methods below)

Note: *Training and Experience, including board certification, must have been obtained within the seven (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. For § 9.8.4, provide documentation on supervised case experience. The table in Section 3c may be used to document this experience

c. For § 9.8.7, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in Sections 3a, 3b, and 3c may be used to document this experience. Skip to and complete Part II Preceptor Attestation.

d. For a board certification issued on or before 24 October 2005 that is listed in § 9.5.13 [10 CFR 35.57(b)(2)(ii)], provide the following:

i. Documentation that the individual performed each use checked above on or before 24 October 2005.

ii. Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.

e. Stop here.

☐ **2. Current § 9.8.1, § 9.9.1 or § 9.11.1 Authorized User Seeking Additional Authorization**

a. Authorized user on Materials License _____ under the requirements below or equivalent NRC/Other Agreement State requirements. (*Check all that apply*.)

☐ § 9.8.4 ☐ § 9.8.5 ☐ § 9.8.6 ☐ § 9.9.9 ☐ § 9.11.17

b. If currently authorized for a subset of clinical uses under § 9.8.1, provide documentation on additional required supervised case experience. The table in Section 3c may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

c. If currently authorized under § 9.9.9 or § 9.11.17 and requesting authorization for § 9.8.7, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in Sections 3a, 3b, and 3c may be used to document this experience. Also provide completed Part II Preceptor Attestation.

** Unless specifically indicated to the contrary, all section references in Form MAT-1A-AUT are to 216-RICR-40-20, Radiation*

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[continued]

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

a. Classroom and Laboratory Training. ☐ § 9.8.4 ☐ § 9.8.5 ☐ § 9.8.6 ☐ § 9.8.7

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 ☐ § 9.8.4 ☐ § 9.8.5 ☐ § 9.8.6 ☐ § 9.8.7
(*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*)

SUPERVISED WORK EXPERIENCE	**TOTAL HOURS OF EXPERIENCE:**		
Description of Experience Must Include:	**Location of Experience/License or Permit Number of Facility**	**Confirm**	**Dates of Experience**
Ordering, receiving, and unpacking radioactive materials 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 misadministration involving the use of unsealed radioactive material		☐ **Yes** ☐ **No**	
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures		☐ **Yes** ☐ **No**	

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[continued]

3. Training and Experience for Proposed Authorized User [continued]

b. Supervised Work Experience. [continued]

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

Supervising individual meets the requirements below, or equivalent NRC/Other Agreement State requirements (*check all that apply*)**.

☐ § 9.8.4 With experience administering dosages of:

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

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

☐ § 9.8.7
☐ § 9.5.13 ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

***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/License or Permit Number of Facility	Dates of Experience
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.			

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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/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent NRC/Other Agreement State requirements (*check all that apply*) **.

☐ § 9.8.4 With experience administering dosages of:

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

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

☐§ 9.8.7 ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

☐ § 9.5.13

***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.*

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section
Check one of the following for the requested authorization:

For § 9.8.4

☐ I attest that _____
Name of Proposed Authorized User

has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, required by § 9.8.4.

For § 9.8.5:

☐ I attest that _____
Name of Proposed Authorized User

has satisfactorily completed the 80 hours of classroom and laboratory training and the supervised work and clinical case experience required in § 9.8.5.

For § 9.8.6:

☐ I attest that _____
Name of Proposed Authorized User

has satisfactorily completed the 80 hours of classroom and laboratory training and the supervised work and clinical case experience required in § 9.8.6.

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

Second Section

☐ I attest that _____

Name of Proposed Authorized User

has satisfactorily completed the required clinical case experience required in § 9.8.4 listed below:

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

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

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Third Section

☐ I attest that _____

Name of Proposed Authorized User

is able to independently fulfill the radiation safety-relatedduties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

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

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

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Fourth Section

For § 9.8.7:

Current § 9.9.9 or § 9.11.17 authorized user:

☐ I attest that _____

Name of Proposed Authorized User

is an authorized user under § 9.9.9 or § 9.1.17 or equivalent NRC/Other Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by § 9.8.7, and the supervised work and clinical case experience required by § 9.8.7, and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

OR

Board Certification:

☐ I attest that _____

Name of Proposed Authorized User

has satisfactorily completed the board certification requirements of § 9.8.7, has satisfactorily completed the 80 hours of classroom and laboratory training required by § 9.8.7 and the supervised work and clinical case experience required by § 9.8.7, and is able to independently fulfill the radiation safety-related duties as an authorized user under § 9.8.1 for:

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Fifth Section
Complete one of the following for attestation and signature:

☐ **Authorized User**

☐ I meet the requirements below, or equivalent NRC/Other Agreement State requirements, as an authorized user for:

☐ § 9.8.4 ☐ § 9.8.5 ☐ § 9.8.6 ☐ § 9.8.7 ☐ § 9.5.13 for § 9.8.1

☐ 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 any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

OR

☐ **Residency Program Director:**

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:

☐ § 9.8.4 ☐ § 9.8.5 ☐ § 9.8.6 ☐ § 9.8.7 ☐ § 9.5.13 for § 9.8.1

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ § 9.8.4 ☐ § 9.8.5 ☐ § 9.8.6 ☐ § 9.8.7

Name of Facility:	License/Permit Number:	
Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
Signature		

COMMENTS