



**RHODE ISLAND RADIATION CONTROL AGENCY**  
**AUTHORIZED USER TRAINING, EXPERIENCE AND**  
**PRECEPTOR ATTESTATION FOR USES DEFINED UNDER**  
**§§ 9.7.1, 9.7.3, & 9.10.1 OF 216-RICR-40-20**  
**[§§ 9.7.2, 9.7.5 & 9.10.2\*]**

Name of Proposed Authorized User

Rhode Island License No. and Expiration Date

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

- § 9.7.1 Uptake, dilution, and excretion studies       § 9.7.3 Imaging and localization studies  
 § 9.10.1 Sealed sources for diagnosis (specify device)

**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 a board certification issued on or before 24 October 2005 that is listed in § 9.5.13 [10 CFR 35.57(b)(2)(i)], 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.
- c. Stop here.

**2. Current § 9.8.4 Authorized User Seeking Additional § 9.7.5 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting § 9.8.4 or equivalent NRC/other Agreement State requirements seeking authorization for § 9.7.5.
- 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 NRC/other Agreement State requirements *(check all that apply)*.

- § 9.7.5     § 9.8.4 & generator experience in § 9.7.5     § 9.5.12     § 9.5.13 for § 9.7.3 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

\* Unless specifically indicated to the contrary, all section references in Form MAT-1A(AUD) are to 216-RICR-40-20-9

**RHODE ISLAND RADIATION CONTROL AGENCY**

**AUTHORIZED USER TRAINING, 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 Experience
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of radioactive material for medical use (not required for § 9.10.2)			
Radiation biology			

**TOTAL HOURS OF TRAINING:**

b. Supervised Work Experience (completion of this table is not required for § 9.10.2).  
*(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 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		<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	

**RHODE ISLAND RADIATION CONTROL AGENCY**

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [continued]**

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

b. Supervised Work Experience. [continued]

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a misadministration 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/Permit Number listing supervising individual as an authorized user

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

- § 9.7.2   
  § 9.7.5   
  § 9.8.4   
  § 9.8.4 & generator experience in § 9.7.5  
 § 9.5.12   
  § 9.5.13 for § 9.7.3 uses

c. For § 9.10.2 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For § 9.10.1 uses only, stop here. For § 9.7.1 and § 9.7.3 uses, skip to and complete Part II Preceptor Attestation.

**RHODE ISLAND RADIATION CONTROL AGENCY**  
**AUTHORIZED USER TRAINING, 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 § 9.10.2).*

*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 each use requested:**

**For § 9.7.2**

I attest that

\_\_\_\_\_ *Name of Proposed Authorized User*

has satisfactorily completed the 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by § 9.7.2 and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under § 9.7.1.

**For § 9.7.5**

I attest that

\_\_\_\_\_ *Name of Proposed Authorized User*

has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by § 9.7.5, and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under § 9.7.1 and § 9.7.3.

**Second Section**

**Complete the following for preceptor attestation and signature:**

Authorized User

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

§ 9.7.2    § 9.7.5    § 9.8.4    § 9.8.4 & generator experience    § 9.5.13 for § 9.7.3 uses

**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 NRC/Agreement State requirements for:

§ 9.7.2    § 9.7.5    § 9.8.4    § 9.8.4 & generator experience    § 9.5.13 for § 9.7.3 uses

I affirm that this facility member 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:

§ 9.7.2             § 9.7.5

Name of Facility	License/Permit Number
------------------	-----------------------

Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
--	------------------	------

Signature
-----------