

RHODE ISLAND RADIATION CONTROL AGENCY
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
FOR USES DEFINED UNDER C.8.28, C.8.30, AND C.8.38
[C.8.64, C.8.65 and C.8.69]

Name of Proposed Authorized User _____

Rhode Island License No. and Expiration Date _____

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

- C.8.28 Uptake, dilution, and excretion studies C.8.30 Imaging and localization studies
- C.8.38 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 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 C.8.38 materials, stop here. If using C.8.28 and C.8.30 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current C.8.66 Authorized User Seeking Additional C.8.65 Authorization**
- a. Authorized user on Materials License _____ meeting C.8.66 or equivalent NRC/other Agreement State requirements seeking authorization for C.8.65.
- 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 _____
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Supervisor meets the requirements below, or equivalent NRC/other Agreement State requirements (*check all that apply*).

- C.8.65 C.8.66 & generator experience in C.8.65(c)(1)(ii)(g)

RHODE ISLAND RADIATION CONTROL AGENCY

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Experience	Location of Experience/License or Permit Number of Facility	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 C.8.69)			
Radiation biology			

TOTAL HOURS OF TRAINING:

b. Supervised Work Experience (completion of this table is not required for C.8.69).
(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	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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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 Must Include:	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/Permit Number listing supervising individual as an authorized user
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Supervisor meets the requirements below, or equivalent NRC/other Agreement State requirements (*check all that apply*).
 C.8.64 C.8.65 C.8.66 C.8.66 & generator experience in C.8.65(c)(1)(ii)(g)

c. For C.8.69 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For C.8.38 uses only, stop here. For C.8.28 and C.8.30 uses, skip to and complete Part II Preceptor Attestation.

RHODE ISLAND RADIATION CONTROL AGENCY

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 C.8.69).*

First Section

Check one of the following for each use requested:

For C.8.64

Board Certification

I attest that _____
Name of Proposed Authorized User

has satisfactorily completed the requirements in C.8.64(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under C.8.28.

OR

Training and Experience

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 C.8.64(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under C.8.28.

For C.8.65

Board Certification

I attest that _____
Name of Proposed Authorized User

has satisfactorily completed the requirements in C.8.65(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under C.8.28 and C.8.30.

OR

Training and Experience

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 C.8.65(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under C.8.28 and C.8.30.

Second Section

Complete the following for preceptor attestation and signature:

- I meet the requirements below, or equivalent NRC/other Agreement State requirements, as an authorized user for:
- C.8.64 C.8.65 C.8.66 C.8.66 & generator experience in C.8.65(c)(1)(ii)(g)

Name of Preceptor	Signature	Telephone Number	Date
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License/Permit Number/Facility Name