RHODE ISLAND RADIATION CONTROL AGENCY
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
FOR USES DEFINED UNDER C.8.34
[C.8.66, C.8.80, C.8.81 and C.8.82]

Name of Proposed Authorized User

Rhode Island License No. and Expiration Date

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

- C.8.34 Use of unsealed radioactive material for which a written directive is required
- OR
- C.8.34 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- C.8.34 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- C.8.34 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
- C.8.34 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)

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. For C.8.66, provide documentation on supervised clinical case experience. The table in Section 3c may be used to document this experience.
   c. For C.8.82, 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.
   d. Skip to and complete Part II Preceptor Attestation.

   a. Authorized user on Materials License under the requirements below or equivalent NRC/Other Agreement State requirements. (Check all that apply.)
      - C.8.66
      - C.8.80
      - C.8.81
      - C.8.67
      - C.8.70
   b. If currently authorized for a subset of clinical uses under C.8.34, provide documentation on additional required supervised case experience. The table in Section 3 may be used to document this experience. Also provide completed Part II Preceptor Attestation.
   c. If currently authorized under C.8.67 or C.8.70 and requesting authorization for C.8.82, 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.
### 3. Training and Experience for Proposed Authorized User

#### a. Classroom and Laboratory 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

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Location of Training</th>
<th>Clock Hours</th>
<th>Dates of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation physics and instrumentation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Radiation protection</td>
<td></td>
<td></td>
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<tr>
<td>Mathematics pertaining to the use and</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>measurement of radioactivity</td>
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</tr>
<tr>
<td>Chemistry of radioactive material for</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>medical use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation biology</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL HOURS OF TRAINING:**

<table>
<thead>
<tr>
<th>Supervised Work</th>
<th>C.8.66</th>
<th>C.8.80</th>
<th>C.8.81</th>
<th>C.8.82</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

#### b. Supervised Work

<table>
<thead>
<tr>
<th>Description of Experience Must Include:</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Confirm</th>
<th>Dates of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering, receiving, and unpacking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>radioactive materials safely</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>performing the related radiation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing quality control procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on instruments used to determine the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activity of dosages and performing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>checks for proper operation of survey</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>meters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculating, measuring, and safely</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>preparing patient or human research</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>subject</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Using administrative controls to</td>
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<tr>
<td>prevent a medical event involving the</td>
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<td></td>
<td></td>
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<tr>
<td>use of unsealed radioactive material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using procedures to contain spilled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>radioactive material safely and using</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>proper decontamination procedures</td>
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<td></td>
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</tr>
</tbody>
</table>
3. Training and Experience for Proposed Authorized User [continued]

b. Supervised Work Experience. [continued]

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Number listing supervising individual as an authorized user</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor meets the requirements below, or equivalent NRC/Other Agreement State requirements <em>(check all that apply)</em></td>
<td></td>
</tr>
<tr>
<td>C.8.66</td>
<td>With experience administering dosages of:</td>
</tr>
<tr>
<td>C.8.80</td>
<td>Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)</td>
</tr>
<tr>
<td>C.8.81</td>
<td>Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)</td>
</tr>
<tr>
<td>C.8.82</td>
<td>Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required</td>
</tr>
<tr>
<td></td>
<td>Parenteral administration of any other radionuclide requiring a written directive</td>
</tr>
</tbody>
</table>

**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.)*

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Number of Cases Involving Personal Participation</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Dates of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral administration of any other radionuclide for which a written directive is required</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] C.8.66 With experience administering dosages of:
  - [ ] C.8.80 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - [ ] C.8.81 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - [ ] C.8.82 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - [ ] Parenteral administration of any other radionuclide requiring a written directive

**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.

First Section
Check one of the following for each use requested:

For C.8.66

**Board Certification**

- [ ] I attest that

  Name of Proposed Authorized User

  has satisfactorily completed the requirements in C.8.66(a)(1).

  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 200 hours of classroom and laboratory training, required by C.8.66(b)(1).

For C.8.80 (Identical Attestation Statement Regardless of Training and Experience Pathway):

- [ ] I attest that

  Name of Proposed Authorized User

  has satisfactorily completed the 80 hours of classroom and laboratory training, as required by C.8.80(c)(1), and the supervised work and clinical case experience required in C.8.80(c)(2).
First Section [continued]

For C.8.81 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that

Name of Proposed Authorized User

has satisfactorily completed the 80 hours of classroom and laboratory training, as required by C.8.81(c)(1), and the supervised work and clinical case experience required in C.8.81(c)(2).

Second Section

☐ I attest that

Name of Proposed Authorized User

has satisfactorily completed the required clinical case experience required in C.8.66(b)(1)(ii)G 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☐ I attest that

Name of Proposed Authorized User

has satisfactorily achieved a level of competency to function independently as an authorized user 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Fourth Section

For C.8.82:

Current C.8.67 or C.8.70 authorized user:

☐ I attest that

Name of Proposed Authorized User

is an authorized user under C.8.67 or C.8.70 or equivalent NRC/Other Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by C.8.82(d)(1), and the supervised work and clinical case experience required by C.8.82(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ 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

OR
Fourth Section (continued)

**Board Certification:**

- I attest that

  **Name of Proposed Authorized User**

  has satisfactorily completed the board certification requirements of C.8.82(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by C.8.82(d)(1) and the supervised work and clinical case experience required by C.8.82(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- 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

Fifth 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.8.66
  - C.8.80
  - C.8.81
  - C.8.82

- 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 gigabequerels (33 millicuries)
  - Oral NaI-131 in quantities greater than 1.22 gigabequerels (33 millicuries)
  - Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - Parenteral administration of any other radionuclide requiring a written directive

<table>
<thead>
<tr>
<th>Name of Preceptor</th>
<th>Signature</th>
<th>Telephone Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

License/Permit Number/Facility Name

**COMMENTS**