

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

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.
- 2. Current C.8.34, C.8.40 or C.8.46 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.*)
 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.

FORM MAT-2A-AUT (September 2007) *Replaces Form MAT-2A (April 2004) which is obsolete*

Page 1 of 6

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. C.8.66 C.8.80 C.8.81 C.8.82

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 C.8.66 C.8.80 C.8.81 C.8.82

(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		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

RHODE ISLAND RADIATION CONTROL AGENCY

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [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
------------------------	--

Supervisor meets the requirements below, or equivalent NRC/Other Agreement State requirements (*check all that*

- 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.*

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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written			
Parenteral administration of any other radionuclide for which a written directive is required			
<i>(List radionuclides)</i>			

RHODE ISLAND RADIATION CONTROL AGENCY

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

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).

RHODE ISLAND RADIATION CONTROL AGENCY

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

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 millicuries)
- 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 millicuries)
- 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

RHODE ISLAND RADIATION CONTROL AGENCY

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [continued]

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 gigabecquerels (33 millicuries)
 - 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

Name of Preceptor	Signature	Telephone Number	Date
-------------------	-----------	------------------	------

License/Permit Number/Facility Name

COMMENTS