NRC FORM 313B
(8-1999)

U.S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

This form must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

2. ADDRESS

3. SUPERVISED EXPERIENCE OF ABOVE NAMED INDIVIDUAL

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

PRINTED ON RECYCLED PAPER

3. SUPERVISED EXPERIENCE OF ABOVE NAMED INDIVIDUAL (Continued)

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

☐ YES
☐ NO

4. The individual named in Item 1. of this form is competent to independently operate a nuclear pharmacy.
Note: Response to this item is only applicable to proposed authorized nuclear pharmacists.

☐ YES
☐ NO

5. The individual named in Item 1. of this form is competent to independently function as an authorized _____.
Note: Response to this item is only applicable to proposed authorized users, medical physicists, or radiation safety officer for the type of medical use requested.

6. The training and experience indicated above was obtained under the supervision of:	7. PRECEPTOR APPROVAL
A. NAME OF SUPERVISOR	A. NAME OF PRECEPTOR *(printed clearly)*
B. ADDRESS	B. SIGNATURE – PRECEPTOR
C. MATERIALS LICENSE NUMBER	C. DATE