

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized User Douglas Housman, M.D.	State or Territory Where Licensed CT
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Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

**OR**

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 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

35.300 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)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have 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 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

**2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License 06-31416-01, 06-02057-01 under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390     35.392     35.394     35.490     35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training  35.390  35.392  35.394  35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065	150	7/1/2007 - 6/30/2011
Radiation protection	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065	20	7/1/2007 - 6/30/2011
Mathematics pertaining to the use and measurement of radioactivity	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065	50	7/1/2007 - 6/30/2011
Chemistry of byproduct material for medical use	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065	20	7/1/2007 - 6/30/2011
Radiation biology	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065	150	7/1/2007 - 6/30/2011
<b>Total Hours of Training:</b>		<input type="text" value="390"/>	

b. Supervised Work Experience  35.390  35.392  35.394  35.396

*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: 700	
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	MSKCC License # 75-2968-01 1275 York Ave, New York, NY 10065	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2007 - 6/30/2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2007 - 6/30/2011
Calculating, measuring, and safely preparing patient or human research subject dosages	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2007 - 6/30/2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2007 - 6/30/2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2007 - 6/30/2011

**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 <i>Suzanne Wolden MD</i>	License/Permit Number listing supervising individual as an authorized user <i>75-2968-01</i>
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- 35.390 With experience administering dosages of:
- 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - 35.396  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)		Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	7/1/2007 - 6/30/2011
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	<i>See Attached</i>	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	7/1/2007 - 6/30/2011
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	<i>See Attached</i>	Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	7/1/2007 - 6/30/2011
Parenteral administration of any other radionuclide for which a written directive is required <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> (List radionuclides)		Memorial Sloan-Kettering Cancer Center 1275 York Ave, New York, NY 10065 License # 75-2968-01	7/1/2007 - 6/30/2011

**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 (see Attached Supervision)	License/Permit Number listing supervising individual as an authorized user
Suzanne Wolden MD	75-2968-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)\*\*:

- 35.390 With experience administering dosages of:
  - 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - 35.396  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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

Check one of the following for each requested authorization:

**For 35.390:**

**Board Certification**

I attest that Douglas Housman, M.D. has satisfactorily completed the training and experience requirements in 35.390(a)(1).

Name of Proposed Authorized User

**OR**

**Training and Experience**

I attest that Douglas Housman, M.D. has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

Name of Proposed Authorized User

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Douglas Housman, M.D. has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case  
experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Douglas Housman, M.D. has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case  
experience required in 35.394(c)(2).

**Second Section**

I attest that Douglas Housman, M.D. has satisfactorily completed the required clinical case  
Name of Proposed Authorized User

experience required in 35.390(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 Douglas Housman, M.D. has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User

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

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

I attest that Douglas Housman, M.D. is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(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**

**Board Certification:**

I attest that Douglas Housman, M.D. has satisfactorily completed the board certification

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(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 Agreement State requirements, as an authorized user for:

35.390       35.392       35.394       35.396

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 <u>Joseph Ravalace III, MD</u>	Signature <u>Joseph Ravalace III MD</u>	Telephone Number <u>203-575-5555</u>	Date <u>1-31-13</u>
License/Permit Number/Facility Name <u>06-00679-01 St. Mary's Hospital</u>			

**Radiation Oncology  
Oral I-131 & Parenteral Administration Log**

Douglas Housman Memorial Sloan-Kettering Program #  
Resident Name Program

Date	Disorder	Radioisotope	Dose Administered	Preceptor Name/Signature
<b>Oral I-131 (&gt;33 mCi)</b>				
1. 1/28/2010	Thyroid Ca	I-131	191 mCi	<u>[Signature]</u>
2. 1/28/2010	Thyroid Ca	I-131	180 mCi	<u>[Signature]</u>
3. 1/28/2010	Thyroid Ca	I-131	300 mCi	<u>[Signature]</u>
<b>Parenteral</b>				
1. 1/20/2010	Neuroblastoma	I-131 <sup>84g</sup> Iodine	51.8 mCi	<u>[Signature]</u>
2. 3/11/2010	Neuroblastoma	I-131 IIT	10.2 mCi	<u>[Signature]</u>
3. 3/11/2010	Neuroblastoma	I-131 MIBG	228.6 mCi	<u>[Signature]</u>

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Radiation Oncology, the Association of  
University Radiologists, and the American Association of Physicists in Medicine,  
Hereby certifies that*

**Douglas Michael Housman, MD**

*Has pursued an accepted course of graduate study and clinical work; has met certain standards  
and qualifications, including passing the examinations conducted under the authority of  
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification  
to practice; and is therefore awarded the Board's certification in*

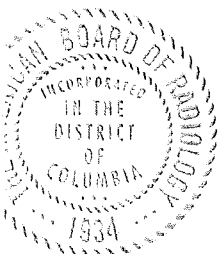
## Radiation Oncology

AA Eligible

ABR

*Ongoing validity of this certificate is contingent upon  
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology  
is permitted to use the ABR mark to signify this certification.*



*Eric J. Hawley*  
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*Richard L. Morin*  
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*Hayden Schuman*  
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Effective: May 22, 2012

Certificate No. 60726