NRC FORM 313A (AUT) (06-2016)

U.S. NUCLEAR REGULATORY COMMISSION



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: 06/30/2019

Name of Proposed Authorized User		State or Territory Where Licensed				
OLUBUNMI KEHINDE ABAYOMI, MD		DISTRICT OF COLUMBIA				
Requested Au	Requested Authorization(s) (check all that apply):					
35.300	35.300 Use of unsealed byproduct material for which a written directive is required					
OR	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	35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)					
<u> </u>	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 radio	onuclide for which a written directive is required				
	PART I TRAINING AND EXPERIENCE (Select one of the three methods below)					
date of app training an experience	and Experience, including board certification, nuplication or the individual must have related co	must have been obtained within the 7 years preceding the continuing education and experience since the required duration, and description of continuing education and				
a. Provide	a. Provide a copy of the board certification.					
b. For 35.3 be used to	 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	d. Skip to and complete Part II Preceptor Attestation.					
2. Curren	2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization					
a. Authori:	zed User on Materials License	under the requirements below or				
equivalent Agreement State requirements (check all that apply):						
35.	.390	☐ 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. 						
documenta case expe	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.					

3. <u>Training and Experience for</u>a. Classroom and Laboratory Training	1/2-149 th. 400	35.392	35.3	94	35.396
Description of Training	Location of Tra	ining		Clock Hours	Dates of Training*
Radiation physics and instrumentation					
Radiation protection					
Mathematics pertaining to the use and measurement of radioactivity					
Chemistry of byproduct material for medical use					
Radiation biology					
	Total Hours of Training:				
b. Supervised Work Experience	€ 35.390 3	35.392	35.3	9 <i>0</i>	
If more than one supervising of this page. Supervised Wo	individual is necessary to docu	ment supe		ing, provide i	35.396 multiple copies
of this page.	ork Experience Location of Experience	Total Hou	rvised train	ing, provide i	multiple copies Dates of
of this page. Supervised Wo Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the	ork Experience	Total Hou	rvised train	ence:	multiple copies Dates of
Supervised Wo Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of	ork Experience Location of Experience	Total Hou	rvised train	ence: Confirm	multiple copies Dates of
Supervised Wo Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters Calculating, measuring, and safely preparing patient or numan research subject	ork Experience Location of Experience	Total Hou	rvised train	ence: Confirm Yes No	multiple copies Dates of
of this page. Supervised Wo	ork Experience Location of Experience	Total Hou	rvised train	ence: Confirm Yes No Yes No	multiple copies

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

b. Supervise	ed Work Experience	e (continued)				
Supervising In		,	License/Permit Number listing supervising in authorized user	ndividual as an		
JACQUELYN DUNMORE-GRIFFITH,MD			08-03075-07			
Supervising apply)**:	individual meets the	e requirements below	v, or equivalent Agreement State requiremen	ts (check all tha		
✓ 35.390	With experience administering dosages of:					
35.392	✓ Oral Nal-131					
✓ 35.394 ☐ 35.396	☑ Oral Nal-131	in quantities greater	than 1.22 gigabecquerels (33 millicuries)			
35.396	Parenteral ad energy less th	Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required				
	Parenteral ad	ministration of any o	ther radionuclide requiring a written directive			
If more th	ed Clinical Case Exp an one supervising		ary to document supervised work experience,	provide		
If more th multiple c		Number of Cases	ary to document supervised work experience, Location of Experience/License or Permit Number of Facility	Dates of		
If more the multiple of Description Dral administration odide I-131 redirective in qualito 1.	an one supervising opies of this page. n of Experience tration of sodium equiring a written Jantities less than 22 gigabecquerels	individual is necessary Number of Cases	Location of Experience/License or Permit			
If more the multiple of Description Dral administ odide I-131 redirective in qual to 1. 33 millicuries Dral administ odide I-131 redirective in qual redirective red	an one supervising opies of this page. n of Experience tration of sodium equiring a written Jantities less than 22 gigabecquerels	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility Radiation Oncology	Dates of Experience' 02/24/2015 05/27/2015		
Description Description Description Dral administ podide I-131 relirective in qual to 1. 33 millicuries Dral administ podide I-131 relirective in qual 1.22 giganillicuries) Parenteral admy beta-emit hoton-emittirith a photon	an one supervising opies of this page. In of Experience tration of sodium equiring a written uantities less than 22 gigabecquerels is) In of equiring a written uantities greater abecquerels (33 iministration of ter, or ing radionuclide energy less than which a written in thich a written in thick	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility Radiation Oncology Howard University Hospital, Washington DC Radiation Oncology	Dates of Experience 02/24/2015 05/27/2015 06/04/2015 11/12/2014 03/23/2015		

AUTHORIZED USER TRAINING	G AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)				
3. Training and Experience for Propo	osed Authorized User (continued)				
c. Supervised Clinical Case Experie	nce (continued)				
Supervising Individual	License/Permit Number listing supervising individual as an authorized user				
JACQUELYN DUNMORE-GRIFFITH	, MD 08-03075-07				
Supervising individual meets the req apply)**:	uirements below, or equivalent Agreement State requirements (check all that				
☑ 35,390 With experience admi	☑ 35.390 With experience administering dosages of:				
gigabecquerels (3	gigabecquerels (33 millicuries)				
✓ 35.394 ✓ Oral Nal-131 in qu	uantities greater than 1.22 gigabecquerels (33 millicuries)				
Parenteral adminis	235.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required				
Parenteral adminis	Parenteral administration of any other radionuclide requiring a written directive				
** Supervising Authorized User must have e requesting authorized user status.	xperience in administering dosages in the same dosage category or categories as the individual				
d. Provide completed Part II Precept	or Attestation.				
P	ART II – PRECEPTOR ATTESTATION				
individual as long as the precepto	ne individual's preceptor. The preceptor does not have to be the supervising r provides, directs, or verifies training and experience required. If more than cument experience, obtain a separate preceptor statement from each.				
By checking the boxes below, the the position sought and not attesti	preceptor is attesting that the individual has knowledge to fulfill the duties of ng to the individual's "general clinical competency."				
First Section Check one of the following for each req	juested authorization:				
For 35.390:					
Board Certification					
I attest that	has satisfactorily completed the training and experience				
Name of Proposed Authorized User					
requirements in 35.390(a)(1).					
	OR				
Training and Experience					
I attest that	has satisfactorily completed the 700 hours of training				
·	nimum of 200 hours of classroom and laboratory training, as required by				

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-	ED USER TRAINING AND EXPERIEN	NCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation	n (continued)	
First Section (con	ntinued)	
For 35.392 (Ident	ical Attestation Statement Regard	less of Training and Experience Pathway):
✓ I attest that	OLUBUNMI K. ABAYOMI, MD Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
and laborato experience	ory training, as required by 10 CFR 35 required in 35.392(c)(2).	5.392(c)(1), and the supervised work and clinical case
For 35.394 (Identi	ical Attestation Statement Regardir	ess of Training and Experience Pathway):
✓ I attest that	OLUBUNMI K. ABAYOMI Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
and laborato experience r	ory training, as required by 10 CFR 35 required in 35.394(c)(2).	5.394 (c)(1), and the supervised work and clinical case
Second Section		
✓ I attest that	OLUBUNMI K. ABAYOMI, MD Name of Proposed Authorized User	has satisfactorily completed the required clinical case
experience r	required in 35.390(b)(1)(ii)G listed belo	low:
✓ Oral Nal- gigabecq	-131 requiring a written directive in qua querels (33 millicuries)	uantities less than or equal to 1.22
Oral Nal-	-131 in quantities greater than 1.22 gig	gabecquerels (33 millicuries)
energy le:	ess than 150 keV requiring a written di	·
Parentera	al administration of any other radionuc	clide requiring a written directive
Third Section		
✓ I attest that	OLUBUNMI K. ABAYOMI, MD Name of Proposed Authorized User	has satisfactorily achieved a level of competency to
function inde	ependently as an authorized user for:	
	-131 requiring a written directive in qua querels (33 millicuries)	antities less than or equal to 1.22
V Oral Nat-	-131 in quantities greater than 1 22 gig	tobacqueele (22 millionia)

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

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AUTHORIZ	ED USER TRAIN	ING AND EXPERIEN	NCE AND PRECEPTOR ATTESTATION (continued)
Fourth Section			
For 35.396:			
<u>Current 35.49</u>	90 or 35,690 autho	orized user:	
I attest tha		roposed Authorized User	is an authorized user under 10 CFR 35.490 or 35.690
laboratory i experience	ent Agreement Sta training, as require	ate requirements, has red by 10 CFR 35.396 96(d)(2), and has ach	s satisfactorily completed the 80 hours of classroom and 6 (d)(1), and the supervised work and clinical case hieved a level of competency sufficient to function
Parente than 15	eral administration 50 keV for which a	n of any beta-emitter, o a written directive is re	or photon-emitting radionuclide with a photon energy less equired
Parente	eral administration	ı of any other radionu	uclide for which a written directive is required
		Oi	•
Board Certific	<u>:ation:</u>		
I attest that		oposed Authorized User	has satisfactorily completed the board certification
required by 35,396(d)(2 authorized	y 10 CFR 35.396 (o 2), and has achiev l user for:	(d)(1) and the supervi: ved a level of compete	pleted the 80 hours of classroom and laboratory training ised work and clinical case experience required by ency sufficient to function independently as an or photon-emitting radionuclide with a photon energy less
than 150	0 keV for which a	written directive is red	equired
Parente	ral administration	of any other radionur	clide for which a written directive is required
Fifth Section Complete the follow	/ing for precepto	r attestation and siç	ynature:
✓ I meet the requ	uirements below, o	or equivalent Agreem	nent State requirements, as an authorized user for:
35.390	2 35.392	35.394	35.396
I have experier requesting auth	nce administering horization.	dosages in the follow	wing categories for which the proposed Authorized User is
Oral Nal-13 millicuries)	31 requiring a writte	en directive in quanti	ities less than or equal to 1.22 gigabecquerels (33
✓ Oral Nal-13	រ1 in quantities gre	eater than 1.22 gigabe	ecquerels (33 millicuries)
Parenteral a	administration of b quiring a written di	beta-emitter, or photor lirective is required	on-emitting radionuclide with a photon energy less than
Parenteral a	administration of a	any other radionuclide	e requiring a written directive
Name of Preceptor		Signature 1	Telephone Number Date
acquelyn Dunmore-Grid		beguelmlur	mulse (1) 2028651421 3 10 2017
icense/Permit Number/F	-	V	1911
tadiation Oncology, Ho	ward University Ho	ospital, Washington DC	C. License # 08-03075-07