



**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, and 35.500)**  
**[10 CFR 35.57, 35.190, 35.290, and 35.590]**

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Name of Proposed Authorized User | State or Territory Where Licensed |
|----------------------------------|-----------------------------------|

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

35.100 Uptake, dilution, and excretion studies       35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**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 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 a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
    - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
    - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
  - c. Stop here.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement State requirements seeking authorization for 35.290.
  - b. Supervised Work Experience.  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

| Description of Experience  | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|--|---|-------------|----------------------|
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs |   |             |                      |

**Total Hours of Experience:**

|                        |   |
|------------------------|---|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist |
|------------------------|---|

- Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.
- 35.290       35.390 + generator experience in 32.290(c)(1)(ii)(G)       35.55       35.57 for 35.200 uses
- c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

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**[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)**

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

a. Classroom and Laboratory Training.

| 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 byproduct material for medical use <i>(not required for 35.590)</i> |                      |             |                    |
| Radiation biology  |                      |             |                    |

**Total Hours of Training:**

b. Supervised Work Experience (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

| 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<br><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<br><input type="checkbox"/> No |                      |  |

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**[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work Experience. (continued)

| Description of Experience<br>Must Include:   | Location of Experience/License or<br>Permit Number of Facility  | Confirm  | Dates of<br>Experience* |
|--|---|--|-------------------------|
| Calculating, measuring, and safely preparing patient or human research subject dosages   |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                         |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                         |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                         |
| Administering dosages of radioactive drugs to patients or human research subjects  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                         |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No* |                         |
| Supervising Individual   | License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training |  |                         |
| Supervisor meets the requirements below, or equivalent Agreement State requirements ( <i>check one</i> ).  |   |  |                         |
| <input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.390 + generator experience in 35.290(c)(1)(ii)(G)<br><input type="checkbox"/> 35.55 <input type="checkbox"/> 35.57 for 35.200 uses   |   |  |                         |
| *Not required for 10 CFR 35.100 use.   |   |  |                         |

c. For 35.590 only, provide documentation of training on use of the device.

| Device | Type of Training | Location and Dates |
|--------|------------------|--------------------|
|        |                  |                    |
|        |                  |                    |

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

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**[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)**

**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. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each use requested:**

For 35.190

I attest that \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete one of the following for attestation and signature:**

Authorized User:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.190    35.290    35.390    35.390 + generator experience    35.57 for 35.200 uses

**OR**

Residency Program Director:

I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

35.190    35.290    35.390    35.390 + generator experience    35.57 for 35.200 uses

I affirm that this facility member concurs with the attestation I am providing as program director.

I affirm that the residency training program is approved by the:

Residency Review Committee of the Accreditation Council for Graduate Medical Education

Royal College of Physicians and Surgeons of Canada

Council on Post-Graduate Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:

35.190    35.290

|                   |                        |
|-------------------|------------------------|
| Name of Facility: | License/Permit Number: |
|-------------------|------------------------|

|  |                  |      |
|--|------------------|------|
| Name of Preceptor or Residency Program Director (Typed or Printed) | Telephone Number | Date |
|--|------------------|------|

Signature