



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
RADIOLOGICAL HEALTH SECTION
AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION

(For uses defined under New Hampshire Rules for the Control of Radiation He-P 4035.35)

Name of Proposed Authorized User:	State or Territory Where Licensed:
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Requested Authorization(s) – Check all that apply:

4035.35 Use of Unsealed Byproduct Material for which a Written Directive is Required

OR

4035.35 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

4035.35 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

4035.35 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

4035.35 Parenteral administration of any other radionuclide for which a written directive is required

PART I – TRAINING AND EXPERIENCE
(He-P 4035.65 & 4035.66)

* Provide dates, duration, and description of training, continuing education, and experience related to the uses checked above and in accordance with He-P 4035.73.

1. Board Certification

- a. Provide a copy of the board certification.
- b. For 4035.65, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 4035.66, 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.

OR

2. Current 4035.35, 4035.41, or 4035.47 Authorized User Seeking Additional Authorization

- a. Authorized user on Materials License _____ under the requirements below or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements (*check all that apply*):
 4035.59 4035.65 4035.66 (<33 mCi I-131) 4035.66 (>33 mCi I-131) 4035.69
- b. If currently authorized for a subset of clinical uses under 4035.35, 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 4035.59 or 4035.69 and requesting authorization for 4035.66, 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.

OR

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training

4035.65 4035.66 (<33 mCi I-131) 4035.66 (>33 mCi I-131) 4035.66 (Parenteral)

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			
Radiation biology			

Total Hours of Training: _____

b. Supervised Work Experience

4035.65 4035.66 (<33 mCi I-131) 4035.66 (>33 mCi I-131) 4035.66 (Parenteral)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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 dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements (*check all that apply*)**:

- | | |
|---|--|
| <input type="checkbox"/> 4035.65
<input type="checkbox"/> 4035.66(a)
<input type="checkbox"/> 4035.66(d)
<input type="checkbox"/> 4035.66(i) | With experience, that includes at least 3 cases of, administering dosages of:
<input type="checkbox"/> Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> Parenteral administration of any beta-emitter or photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide, for which a written directive is required |
|---|--|

** Supervising authorized user must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

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

c. Supervised Clinical Case Experience
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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 directive is required			
Parenteral administration of any other radionuclide for which a written directive is required (list radionuclides)			

Supervising Individual

License/Permit number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements (check all that apply)**:

- | | |
|---|--|
| <input type="checkbox"/> 4035.65
<input type="checkbox"/> 4035.66(a)
<input type="checkbox"/> 4035.66(d)
<input type="checkbox"/> 4035.66(i) | With experience, that includes at least 3 cases of, administering dosages of:
<input type="checkbox"/> Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> Parenteral administration of any beta-emitter or photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide, for which a written directive is required |
|---|--|

** 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. (Not required to meet training requirements in 4035.68.)

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 4035.65: **1. Board Certification**

I attest that _____ has satisfactorily completed the
Name of Proposed Authorized User
requirements in 4035.65(b)(1).

OR

2. Training and Experience

I attest that _____ has satisfactorily completed the training
Name of Proposed Authorized User
and experience as required by 4035.65(c).

For 4035.66 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that _____ has satisfactorily completed the training as required
Name of Proposed Authorized User
in He-P 4035.66(b)(1), and the experience required in 4035.66(b)(2).

AND

SECOND SECTION – Complete for all submittals.

I attest that _____ has satisfactorily completed the required clinical case experience
Name of Proposed Authorized User

required in 4035.65(c)(2)b. listed below:

- Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required
- Oral administration of greater than 33 millicuries of sodium iodide I-131
- Parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide, for which a written directive is required

AND

THIRD SECTION – Complete for all submittals.

I attest that _____ has satisfactorily achieved a level of competency to function
Name of Proposed Authorized User

independently as an authorized user for:

- Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required
 - Oral administration of greater than 33 millicuries of sodium iodide I-131
 - Parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide, for which a written directive is required
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FOURTH SECTION

Complete for 4035.66 (Current 4035.59 or 4035.69 Authorized User):

I attest that _____ is an authorized user under 4035.59 or 4035.69 or equivalent
Name of Proposed Authorized User

U.S. Nuclear Regulatory Commission or Agreement State requirements, has satisfactorily completed the training, as required by 4035.66(g)(4), and the experience required by 4035.66(g)(5), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or a 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

AND

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 4035.66(g)(1), has satisfactorily completed the training required by 4035.66(g)(4) and the experience required by 4035.66(g)(5), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or a 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 for all submittals.

I meet the requirements below, or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements, as an authorized user for the following:

- 4035.65 4035.66(a) 4035.66(d) 4035.66(i)

I have experience administering dosages in the following categories for which the proposed authorized user is requesting authorization:

- Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required
- Oral administration of greater than 33 millicuries of sodium iodide I-131
- Parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide, for which a written directive is required

Name of Preceptor:	Signature:	Telephone Number:	Date:
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License/Permit Number/Facility Name: