

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [DHEC Reg. 61-63, Part IV]

(for uses defined under RHA 4.40)

Name of Proposed Authorized User	State or Territory Where Licensed			
Requested Authorization(s) (check all that apply):				
4.40 Use of unsealed radioactive material for which a written directive is requ	uired			
OR				
4.40 Oral administration of sodium iodide I-131 requiring a written directive in	quantities less than or equal to 33 millicuries			
4.40 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than or equal to 33 millicuries				
4.40 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				
4.40 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 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. <u>Board Certification</u> a. Provide a copy of the board certification.				
b. For RHA 4.43, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.				
c. For RHA 4.43.4, 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 RHA 4.40, 4.46, or 4.58 Authorized User Seeking Additional	Authorization			
a. Authorized user on Materials License under the requirements below or under equivalent Agreement State requirements (check all that apply):				
☐ RHA 4.43 ☐ RHA 4.44 ☐ RHA 4.45	☐ RHA 4.54 ☐ RHA 4.74			
b. If currently authorized for a subset of clinical uses under RHA 4.40, 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 RHA 4.54 or 4.74 and requesting authoriza on classroom and laboratory training, supervised work experience, and tables in sections 3.a., 3.b., and 3.c. may be used to document this experience Preceptor Attestation.	supervised clinical case experience. The			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
3. Training and Experience for Propos a. Classroom and Laboratory Training		☐ RHA 4.44	□RHA	1.45	RHA 4.43.4
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 radioactive material for medical use					
Radiation biology					
		Tota	l Hours of	Training:	•
b. Supervised Work Experience RHA 4.43 RHA 4.44 RHA 4.45 RHA 4.43.4 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)					
		of Supervised Wo	ork Experie		
Description of Experience Must Include:		on of Experience / ermit Number of Fa	acility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys				☐ Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters				☐ Yes	
Calculating, measuring and safely preparing patient or human research subject dosages				☐ Yes	
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material				☐ Yes	
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures				☐ Yes	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
3. <u>Training and Experience for Proposed Authorized User</u> (continued) b. Supervised Work Experience (continued)					
Supervising Individual		License/Permit Number listing supe as an Authorized User	License/Permit Number listing supervising individual as an Authorized User		
Supervising individu	Supervising individual meets the requirements below, or equivalent Agreement State requirements ** (check all that apply).				
☐ RHA 4.43 W	ith expe	erience administering o	dosages of:		
☐ RHA 4.44	RHA 4.44 Oral Nal-131 requiring a written directive in quantities less than or equal to 33 millicuries				
☐ RHA 4.45 ☐] Oral N	al-131 in quantities gre	eater than 33 millicuries		
	RHA 4.43.4 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required				
] Parent	eral administration of a	any other radionuclide for which a written directive is requir	red	
		ser must have experie horized user status.	ence in administering dosages in the same dosage categor	y or categories as the	
 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 Exper	rience	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 d in quantities less that equal to 33 millicuries	irective an or				
Oral administration of sodium iodide I-131 requiring a written d in quantities greater or equal to 33 million	irective than				
Parenteral administr of any beta-emitter, photon-emitting radionuclide with a penergy less than 15 for which a written d is required	or ohoton 0 keV				
Parenteral administr of any other radionu for which a written d is required List radionuclides:	ıclide				

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
	erience for Proposed Authorized User (cical Case Experience (continued)	ontinued)			
Supervising Individu	ual	License/Permit Number listing supervising individual as an Authorized User			
Supervising individu	al meets the requirements below, or equiva	lent Agreement State requirements ** (check all that apply)			
☐ RHA 4.43	With experience administering dosag	es of:			
☐ RHA 4.44	Oral Nal-131 requiring a written directive in quantities less than or equal to 33 millicuries				
☐ RHA 4.45					
☐ RHA 4.43.4	Parenteral administration of beta-e 150 keV for which a written directive i	mitter, or photon-emitting radionuclide with a photon energy less than s required			
	☐ Parenteral administration of any of	her radionuclide for which a written directive is required			
	zed User must have experience in administering of authorized user status.	dosages in the same dosage category or categories as the			
d. Provide comple	ted Part II Preceptor Attestation				
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	PART II – PRECI	EPTOR ATTESTATION			
individual as I		. The preceptor does not have to be the supervising erifies training and experience required. If more than one separate preceptor statement from each.			
By checking t position soug	he boxes below, the preceptor is attesting the ht and not attesting to the individual's "gene	nat the individual has knowledge to fulfill the duties of the ral clinical competency."			
First Section Check one of the fo	ollowing for each use requested:				
For RHA 4.43:					
Board Certification I attest that	<u>on</u>	has satisfactorily completed the training and experience			
	Name of Proposed Authorized User in RHA 4.43.1.1	nas satisfactomy completed the training and experience			
		OR			
Training and Exposition ☐ I attest that	<u>perience</u>	has satisfactorily completed the 700 hours of training and			
Name of Proposed Authorized User experience, including a minimum of 200 hours of classroom and laboratory training, as required by RHA 4.43.2.					

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) **PRECEPTOR ATTESTATION** (continued) First Section (continued) For RHA 4.44 (Identical Attestation Statement Regardless of Training and Experience Pathway): has satisfactorily completed the 80 hours of classroom □ I attest that Name of Proposed Authorized User and laboratory training, as required by RHA 4.44.1.3 and the supervised work and clinical case experience required in RHA 4.44.1.4. For RHA 4.45 (Identical Attestation Statement Regardless of Training and Experience Pathway): ☐ I attest that _ has satisfactorily completed the 80 hours of classroom Name of Proposed Authorized User and laboratory training, as required by RHA 4.45.1.3 and the supervised work and clinical case experience required in RHA 4.45.1.4. **Second Section** has satisfactorily completed the required clinical case □ I attest that Name of Proposed Authorized User experience required in RHA 4.43.2.2.7 listed below: Oral Nal-131 requiring a written directive in quantities less than or equal to 33 millicuries Oral Nal-131 in quantities greater than 33 millicuries Parenteral administration of 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 **Third Section** □ I attest that has satisfactorily achieved a level of competency to Name of Proposed Authorized User function independently as an authorized user for: Oral Nal-131 requiring a written directive in quantities less than or equal to 33 millicuries Oral Nal-131 in quantities greater than 33 millicuries Parenteral administration of 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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) **Fourth Section** For RHA 4.43.4: Current RHA 4.54 or 4.74 authorized user: is an authorized user under RHA 4.54 or 4.74 or □ I attest that Name of Proposed Authorized User equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by RHA 4.43.4.2, and the supervised work and clinical case experience required by RHA 4.43.4.3, and has achieved a level of competency sufficient to function independently as an authorized user for: Parenteral administration of 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:** has satisfactorily completed the board certification ☐ I attest that Name of Proposed Authorized User requirements of RHA 4.43.4.1.2, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by RHA 4.43.4.2, and the supervised work and clinical case experience required by RHA 4.43.4.3, and has achieved a level of competency sufficient to function independently as an authorized user for: Parenteral administration of 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: ☐ RHA 4.43 ☐ RHA 4.44 ☐ RHA 4.45 RHA 4.43.4 ☐ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization. Oral Nal-131 requiring a written directive in quantities less than or equal to 33 millicuries Oral Nal-131 in quantities greater than 33 millicuries Parenteral administration of 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 Name of Preceptor Signature Date License/Permit Number/Facility Name Telephone Number