



**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 required

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. Board Certification

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 authorization 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. 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 RHA 4.43 RHA 4.44 RHA 4.45 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			

Total 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.)

Total Hours of Supervised Work 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 radioactive material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

License/Permit Number listing supervising individual as an Authorized User

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

- RHA 4.43 With experience administering dosages of:
- RHA 4.44 Oral NaI-131 requiring a written directive in quantities less than or equal to 33 millicuries
- RHA 4.45 Oral NaI-131 in quantities greater 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
- 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.

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 33 millicuries			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than or equal to 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: _____ _____			

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):

- I attest that _____ has satisfactorily completed the 80 hours of classroom
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

- I attest that _____ has satisfactorily completed the required clinical case
Name of Proposed Authorized User
experience required in RHA 4.43.2.2.7 listed below:
- Oral NaI-131 requiring a written directive in quantities less than or equal to 33 millicuries
 - Oral NaI-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 NaI-131 requiring a written directive in quantities less than or equal to 33 millicuries
 - Oral NaI-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:

- I attest that _____ is an authorized user under RHA 4.54 or 4.74 or
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:

- I attest that _____ has satisfactorily completed the board certification
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 NaI-131 requiring a written directive in quantities less than or equal to 33 millicuries
- Oral NaI-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	