

**AUTHORIZED USER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 641-41.2 (31), and (33))  
[IAC 641-41.2 (67), (68), & (75)]

Name of Proposed Authorized User

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

- 41.2(31) Uptake, dilution, and excretion studies 4       41.2(33) Imaging and localization studies

**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 41.2(75)"b"(2)"1", 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 41.2(69) Authorized User Seeking Additional 41.2(68) Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 41.2(69), 41.2(75) for 41.2(37) uses, or equivalent Agreement State requirements seeking authorization for 41.2(68).
- 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 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			
<b>Total Hours of Experience:</b> <input type="text"/>			
Supervising Individual	License 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)*.

- 41.2(68)     41.2(69) + generator experience in 41.2(68)"c"(1)"2"     41.2(78)     41.2(75) for 41.2(33) 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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**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			
Radiation biology			

**Total Hours of Training:**

b. Supervised Work Experience.

*(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:	<input type="text"/>
Description of Experience Must Include:	Location of Experience/ License 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	

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/ License Number of Facility	Confirm	Dates of Experience*
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	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <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 <input type="checkbox"/> No*	
Supervising Individual		License Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training	
Supervisor meets the requirements below ( <i>check one</i> ).			
<input type="checkbox"/> 41.2(67) <input type="checkbox"/> 41.2(68) <input type="checkbox"/> 41.2(69) <input type="checkbox"/> 41.2(69) + generator experience in 41.2(68)"c"(1)"2"			
<input type="checkbox"/> 41.2(78) <input type="checkbox"/> 41.2(75) for 41.2(33) uses			
*Not required for 41.2(31) use.			

c. Complete Part II Preceptor Attestation.



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**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. 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 41.2(67)

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 41.2(67)"c"(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 41.2(31).

For 41.2(68)

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 41.2(68)"c"(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 41.2 (31) and (33).

**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:  
 41.2(67)  41.2(68)  41.2(69)  41.2(69) + generator experience  41.2(75) for 41.2(33) 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 for:  
 41.2(67)  41.2(68)  41.2(69)  41.2(69) + generator experience  41.2(75) for 41.2(33) 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:  
 41.2(67)  41.2(68)

Name of Facility:	License Number:
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Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
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Signature