





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

**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 \_\_\_\_\_