IDPH
IOWA Department of PUBLIC HEALTH

AUTHORIZED USER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 641-41.2 (37))
[IAC 641-41.2 (69), (75), (81) (82) & (89)]

Name of Proposed Authorized User

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

☐ 41.2(37) Use of unsealed byproduct material for which a written directive is required

OR

☐ 41.2(37) Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ 41.2(37) Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 41.2(37) Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, 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 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 41.2(69), provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.

c. For 41.2(89), 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. Skip to and complete Part II Preceptor Attestation.

d. For a board certification issued on or before October 24, 2005 that is listed in 41.2(75)"b"(2)"2", 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.

e. Stop here.

☐ **2. Current 41.2(37), (43), or (49) Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

☐ 41.2(69) ☐ 41.2(70) ☐ 41.2(73) ☐ 41.2(81) ☐ 41.2(82)

b. If currently authorized for a subset of clinical uses under 41.2(37), provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 641-41.2 (37))
[IAC 641-41.2 (69), (75), (81) (82) & (89)]

c. If currently authorized under 41.2(70) or 41.2(73) and requesting authorization for 41.2(89), 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.

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☐ 41.2(69) ☐ 41.2(81) ☐ 41.2(82) ☐ 41.2(89)

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 ☐ 41.2(69) ☐ 41.2(81) ☐ 41.2(82) ☐ 41.2(89)

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

Supervised Work Experience	**Total Hours of Experience:**		
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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 641-41.2 (37))
[IAC 641-41.2 (69), (75), (81) (82) & (89)]

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

b. Supervised Work Experience (continued)

Supervising Individual	License Number listing supervising individual as an authorized user

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

☐ 41.2(69)
☐ 41.2(81)
☐ 41.2(82)
☐ 41.2(89)
☐ 41.2(75)

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, 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 page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/ License 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 radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.			

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 641-41.2 (37))
[IAC 641-41.2 (69), (75), (81) (82) & (89)]

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License Number listing supervising individual as an authorized user

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

☐ 41.2(69) ☐ 41.2(81) ☐ 41.2(82) ☐ 41.2(89) ☐ 41.2(75)	With experience administering dosages of: ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, 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.

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 the requested authorization:

For 41.2(69):

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 41.2(69)"b"(1).

For 41.2(81):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 41.2(81)"c"(1), and the supervised work and clinical case experience required in 41.2(81)"c"(2).

For 41.2(82):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 41.2(82)"c"(1), and the supervised work and clinical case experience required in 41.2(82)"c"(2).

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 641-41.2 (37))
[IAC 641-41.2 (69), (75), (81) (82) & (89)]

Second Section

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

experience required in 41.2(69)"b(1)"2" seventh bulleted paragraph listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Third Section

☐ I attest that _____ is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 41.2(37) for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Fourth Section

For 41.2(89):

Current 41.2 (70) or (73) authorized user:

☐ I attest that _____ is an authorized user under 41.2 (70) or (73)
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 41.2(89)"b"(1), and the supervised work and clinical case experience required by 41.2(89)"b"(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 41.2(37) for:

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, 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 41.2(89)"a"(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 41.2(89)"b"(1) and the supervised work and clinical case experience required by 41.2(89)"b"(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 41.2(37) for:

IDPH
IOWA Department of PUBLIC HEALTH

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 641-41.2 (37))
[IAC 641-41.2 (69), (75), (81) (82) & (89)]

Fifth Section

Complete one of the following for the attestation and signature:

☐ **Authorized User**

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 41.2(69) ☐ 41.2(81) ☐ 41.2(82) ☐ 41.2(89) ☐ 41.2(75) for 41.2(37) uses

☐ 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 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

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 or equivalent Agreement State requirements:

☐ 41.2(69) ☐ 41.2(81) ☐ 41.2(82) ☐ 41.2(89) ☐ 41.2(75) for 41.2(37) uses

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and 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(69) ☐ 41.2(81) ☐ 41.2(82) ☐ 41.2(89)

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