



**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
[DHEC Reg. 61-63, Part IV]  
(for uses defined under RHA 4.35, 4.37, and 4.56)

Name of Proposed Authorized User

State or Territory Where Licensed

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

- 4.35 Uptake, dilution, and excretion studies
- 4.37 Imaging and localization studies
- 4.56 Sealed sources for diagnosis (specify device: \_\_\_\_\_)

**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. If using only RHA 4.56 materials, stop here. If using RHA 4.35 and 4.37 materials, skip to and complete Part II Preceptor Attestation.

OR

- 2. Current RHA 4.43 Authorized User Seeking Additional RHA 4.39 Authorization**
- a. Authorized user on Materials License \_\_\_\_\_ meeting RHA 4.43 or equivalent Agreement State requirements seeking authorization for RHA 4.39.
- 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 or Permit 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			

**Total Hours of Experience:**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- RHA 4.39       RHA 4.43 + generator experience in RHA 4.39.3.2.7

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**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 radioactive material for medical use <i>(not required for 4.57)</i>			
Radiation biology			

**Total Hours of Training:**

b. Supervised Work Experience - completion of this table is not required for RHA 4.57  
*(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	

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

b. Supervised Work Experience (continued)

Description of Experience Must Include:	Location of Experience / License or Permit Number of Facility	Confirm	Dates of Experience*
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	
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/Permit Number listing supervising individual as an Authorized User

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

RHA 4.36     RHA 4.39     RHA 4.43     RHA 4.43 + generator experience in RHA 4.39.3.2.7

c. For RHA 4.57 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For RHA 4.56 uses only, stop here. For RHA 4.35 and 4.37 uses, skip to and complete Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**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. (Not required to meet training requirements in RHA 4.57.)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual’s “general clinical competency.”

**First Section**

**Check one of the following for each use requested:**

**For RHA 4.36:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User  
RHA 4.36.1.1 and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RHA 4.36.2 and 4.36.3.

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed 60 hours of training and  
Name of Proposed Authorized User  
experience, including a minimum of 8 hours of classroom and laboratory training, as required by RHA 4.36.2 and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RHA 4.35.

**For RHA 4.39:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User  
RHA 4.39.1.1 and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RHA 4.35 and 4.37.

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed 700 hours of training and  
Name of Proposed Authorized User  
experience, including a minimum of 80 hours of classroom and laboratory training, as required by RHA 4.39.3 and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under RHA 4.35 and 4.37.

**Second 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 4.36       RHA 4.39       RHA 4.43       RHA 4.43 + generator experience

Name of Preceptor	Signature	Date
License/Permit Number/Facility Name	Telephone Number	