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.

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

   a. Classroom and Laboratory Training

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Location of Training</th>
<th>Clock Hours</th>
<th>Dates of Training*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation physics and instrumentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics pertaining to the use and measurement of radioactivity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemistry of radioactive material for medical use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation biology</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **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.)

<table>
<thead>
<tr>
<th>Description of Experience Must Include:</th>
<th>Location of Experience / License or Permit Number of Facility</th>
<th>Confirm</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculating, measuring and safely preparing patient or human research subject dosages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using administrative controls to prevent a medical event involving the use of unsealed radioactive material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using procedures to contain spilled radioactive material safely and using proper decontamination procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Total Hours of Supervised Work Experience:**

<table>
<thead>
<tr>
<th>Description of Experience Must Include:</th>
<th>Location of Experience / License or Permit Number of Facility</th>
<th>Confirm</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculating, measuring and safely preparing patient or human research subject dosages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using administrative controls to prevent a medical event involving the use of unsealed radioactive material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using procedures to contain spilled radioactive material safely and using proper decontamination procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3. Training and Experience for Proposed Authorized User (continued)

**b. Supervised Work Experience (continued)**

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Number listing supervising individual as an Authorized User</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Number of Cases Involving Personal Participation</th>
<th>Location of Experience / License or Permit Number of Facility</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 33 millicuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than or equal to 33 millicuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral administration of any other radionuclide for which a written directive is required</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List radionuclides: ______

_____________________

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DHEC 0814B (03/2009)
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)
   c. Supervised Clinical Case Experience (continued)

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>License/Permit Number listing supervising individual as an Authorized User</th>
</tr>
</thead>
</table>

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

- [ ] RHA 4.43 With experience administering dosages of:
  - [ ] 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
- [ ] RHA 4.45 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.

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 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 4.43:

**Board Certification**
- [ ] I attest that __________________________ has satisfactorily completed the training and experience requirements in RHA 4.43.1.1

OR

**Training and Experience**
- [ ] I attest that __________________________ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by RHA 4.43.2.
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 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 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 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 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
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 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 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