



Ohio Department of Health
AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
 [for uses defined under OAC 3701:1-58-32, 3701:1-58-34, and 3701:1-58-53]

Name of Individual:	
Please confirm proposed individual has an active State of Ohio Medical Board license: Yes No <i>If "Yes", continue to the next step. If "No", stop until license is acquired.</i>	
Requested Authorizations(s)	<input type="checkbox"/> 3701:1-58-32 Uptake, Dilution, and Excretion studies <input type="checkbox"/> 3701:1-58-34 Imaging and Localization studies <input type="checkbox"/> 3701:1-58-53 Sealed Sources for Diagnosis (specify device) _____

PART I – TRAINING AND EXPERIENCE
(Select one of the three methods below)

In accordance with OAC 3701:1-58-22 training and experience, including board certification, must have been obtained within seven years preceding the date of the 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. (A list of approved board certifications is located at <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>)
- B. For a board certification issued on or before October 24, 2005 that is listed in OAC 3701:1-58-21, 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 3701:1-58-37 Authorized User Seeking Additional 3701:1-58-34 Authorization

- A. Authorized user on Materials License _____ meeting OAC 3701:1-58-40 requirements seeking authorization for 3701:1-58-34. – *Please provide a copy of the license if not an Ohio issued license.*
- B. Supervised Work Experience - *If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section. Please provide a copy of the license if not an Ohio issued license.*

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			
Total Hours of Experience:			
Supervising Individual:	License Number: – <i>for which supervision was performed</i>		
Supervisor meets the requirements below (check all that apply)			
<input type="checkbox"/> 3701:1-58-36 <input type="checkbox"/> 3701:1-58-40 + generator experience in 3701:1-58-36(C)(1)(b)(vii) <input type="checkbox"/> 3701:1-58-20			

C. Stop here.



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3. Training and Experience for Proposed Authorized User

A. Classroom and Laboratory Training- *If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.*

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 (not required for 3701:1-58-53)			
Radiation biology			
Total Hours of Training:			

B. Supervised Work Experience (completion of this table is not required for OAC 3701:1-58-54) - *If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section. Please provide a copy of the license if not an Ohio issued license.*

Description of Experience	Location of Experience & License Number of Facility	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		
Calculating, measuring, and safely preparing patient or human research subject dosages		
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material.		
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures		



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Administering dosages of radioactive drugs to patients or human research subjects		
Eluting generator systems appropriate for 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 (Only for 3701:1-58-34)		
Total hours of experience:		
Supervising Individual:	License Number – <i>for which supervision was performed</i>	
Supervisor meets the OAC requirements below (check all that apply)		
<input type="checkbox"/> 3701:1-58-20 <input type="checkbox"/> 3701:1-58-33 <input type="checkbox"/> 3701:1-58-36 <input type="checkbox"/> 3701:1-58-40 <input type="checkbox"/> 3701:1-58-40 + generator experience in 3701:1-58-36(C)(1)(b)(vii) <input type="checkbox"/> 3701:1-58-21 for same authorized uses		

C. For 3701:1-58-54 only, provide documentation of training on use of the device

Device	Type of Training	Location and Dates
Supervising Individual:		License Number: – <i>for which supervision was performed</i>

D. For 3701:1-58-53 uses only, stop here.

E. For 3701:1-58-32 and 3701:1-58-34 uses only, skip to and complete Part II Preceptor Attestation.



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PART II – PRECEPTOR ATTESTATION

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, and verifies the training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

For 3701:1-58-33 - Uptake, Dilution, and Excretion Studies.

I attest that _____ has satisfactorily completed 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by OAC 3701:1-58-33(C)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under OAC 3701:1-58-32.

For 3701:1-58-36 – Imaging and Localization Studies

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by OAC 3701:1-58-36(C)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under OAC 3701:1-58-32 and OAC 3701:1-58-34.

Complete the following preceptor attestation and signature:

Authorized User:

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

- 3701:1-58-33 3701:1-58-36 3701:1-58-40 3701:1-58-40 + generator experience
 3701:1-58-21 for same authorized 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 or equivalent Agreement State requirements for:

- 3701:1-58-33 3701:1-58-36 3701:1-58-40 3701:1-58-40 + generator experience
 3701:1-58-21 for same authorized 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:

- 3701:1-58-33 3701:1-58-36

Name of Facility:		License Number: – Please provide a copy of the license if not an Ohio issued license.	
Name of Preceptor: - Typed or Printed		Contact Information: - Telephone Number and Email	
Signature:		Date:	