Ohio Department of Health
AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[OAC 3701:1-58-37]

Name of Individual:
Please confirm proposed individual has an active State of Ohio Medical Board license: ☐ Yes ☐ No *If "Yes", continue to the next step. If "No", stop until license is acquired.*

Requested Authorization(s):

☐ 3701:1-58-37 Use of unsealed radioactive material for which a written directive is required.

OR

☐ 3701:1-58-37 Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries).

☐ 3701:1-58-37 Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries).

☐ 3701:1-58-37 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 one hundred fifty keV, for which a written directive is required.

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 3701:1-58-40(A), provide documentation on supervised clinical case experience. The table in section 3.C. may be used to document this experience.

C. For 3701:1-58-104, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The table in sections 3.A., 3.B., and 3.C. may be used to document this experience.

D. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), 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 3701:1-58-37, 3701:1-58-43, or 3701:1-58-55 Authorized User Seeking Additional Authorization**

A. Authorized user on Materials License_____under the OAC requirements below (check all that apply):

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-51 ☐ 3701:1-58-71

B. If currently authorized for a subset of clinical uses under OAC 3701:1-58-37, 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 3701:1-58-51 or 3701:1-58-71 and requesting authorization for 3701:1-58-104, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in 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

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-104

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			
Radiation biology			
Total Hours of training:			

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B. Supervised Work Experience
(if more than one supervising individual is necessary to document supervised work experience, provide multiple copiesof this section)

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-104

Description of Experience Must Include:	**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		

Supervising Individual	License No. listing supervising individual as an authorized user

Supervising individual meets the requirements below (check all that apply**):

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-104

With experience administering dosages of:

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

☐ Oral administration of sodium iodide Iodine-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 one hundred fifty 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.

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C. Supervised Clinical Case Experience
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copiesof this page.)

Description of Experience	Number of Cases	Location of Experience LicenseNumber of Facility	Dates of Experience
Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide Iodine-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 one hundred fifty keV, for which a written directive is required			
Supervising Individual		License Number listing supervising individual as an authorized user	

Supervising individual meets the requirements below (check all that apply**):

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-104

With experience administering dosages of:

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

☐ Oral administration of sodium iodide Iodine-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 one hundred fifty 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.

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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 aslong 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.

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 individuals "general clinical competency".

TRAINING AND EXPERIENCE FOR 3701:1-58-40, 41 and 42

For 3701:1-58-40

☐ I attest that _____ has satisfactorily completed 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, required by 3701:1-58-40(B)(1).

☐ I attest that _____ has satisfactorily completed the clinical case experience required in 3701:1-58-40(B)(1)(b)(vi) listed below:

- ☐ Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries).
- ☐ Oral administration of sodium iodide Iodine-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 one hundred fifty keV, for which a written directive is required.

For 3701:1-58-41

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom and laboratory training as required by OAC 3701:1-58-41(C)(1) and the supervised work and clinical case experience required in OAC 3701:1-58-41(C)(2).

☐ I attest that _____ has satisfactorily completed the clinical case experience required in 3701:1-58-40(B)(1)(b)(vi)(a): Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries).

For 3701:1-58-42

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom and laboratory training as required by OAC 3701:1-58-42(C)(1) and the supervised work and clinical case experience required in OAC 3701:1-58-42(C)(2).

☐ I attest that _____ has satisfactorily completed required clinical case experience required in OAC 3701:1-58-40(B)(1)(b)(vi)(b): Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries).

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COMPENTENCY

☐ I attest that _____ is able to independently fulfill the radiation safety related duties as an authorized user for the medical uses under 3701:1-58-40(B)(1)(b)(vi) listed below:

- ☐ Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries).
- ☐ Oral administration of sodium iodide Iodine-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 one hundred fifty keV, for which a written directive is required.

Current 3701:1-58-51 or 3701:1-58-71 authorized user

☐ I attest that _____ is an authorized user under 3701:1-58-51 or 3701:1-58-71, has satisfactorily completed 80 hours of classroom and laboratory training, as required by 3701:1-58-104(B)(1), and the supervised work and clinical case experience required by 3701:1-58-104(B)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user for the 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 one hundred fifty keV, for which a written directive is required.

OR

Board Certification

☐ I attest that _____ has satisfactorily completed the board certification requirements of 3701:1-58-104 (A)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 3701:1-58-104(B)(1) and the supervised work and clinical case experience required by 3701:1-58-104(B)(2) and is able to independently fulfill the radiation safety-related duties as an authorized user for the 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 one hundred fifty keV, for which a written directive is required.

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Complete the following for preceptor attestation and signature:

☐ Authorized User:

☐ I am an authorized user for, and meet the requirements of the below (check all that apply):

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-104

☐ I have experience administering dosages in the following categories for which the proposed Authorized User is requestingauthorization (check all that apply):

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

☐ Oral administration of sodium iodide Iodine-131 requiring a written directive in quantities greater than 1.22gigabecquerels (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 one hundred fifty 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 for:

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-104

☐ 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:

☐ 3701:1-58-40 ☐ 3701:1-58-41 ☐ 3701:1-58-42 ☐ 3701:1-58-104

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:**