



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment
Radioactive Materials Unit
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

**AUTHORIZED USER
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined in accordance with 7.36)**

Name of Proposed Authorized User

Colorado Medical License Number

Requested Authorization(s). The license authorizes the following medical uses (check all that apply):

- 7.36.2 Use of unsealed byproduct material for which a written directive is required
- 7.36.3 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 33 millicuries (1.22 gigabecquerels)
- 7.36.4 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 33 millicuries (1.22 gigabecquerels)
- 7.36.5 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 **seven** 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. Provides 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 (see NRC's web site for approved board certifications: <http://www.nrc.gov/materials/miau/med-use-toolkit.html>).
- b. For 7.36.2, provide documentation on supervised clinical case experience. The table in section 3.c may be used to document this experience.
- c. For 7.36.5, 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. Skip to and complete Part II – Preceptor Attestation.

OR

2. Current Authorized User Under 7.36, 7.42, or 7.48 Seeking Additional Authorization

- a. Authorized User on Radioactive Materials License _____ in accordance with the requirements below or equivalent NRC or Agreement State regulations:
- 7.36.2 7.36.3 7.36.4 7.36.5
- b. If currently authorized for a subset of clinical uses under 7.36, provide documentation on additional required supervised case experience. The table in section 3.c may be used to document this experience.
- c. If currently authorized in accordance with 7.42 or 7.48 and requesting authorization for 7.36.5, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in section 3.a, 3.b, and 3.c may be used to document this experience.
- d. Skip to and complete Part II – Preceptor Attestation.

OR

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

3. Training and Experience For Proposed Authorized User

a. Classroom and Laboratory Training 7.36.2 7.36.3 7.36.4 7.36.5

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: _____

AND

b. Supervised Work Experience 7.36.2 7.36.3 7.36.4 7.36.5

Supervised Work Experience:		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive material 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	
Using administrative controls to prevent a misadministration 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	

Supervising Individual ¹	License or Permit Number that lists the supervising individual as an Authorized User
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<input type="checkbox"/> 7.36.2 <input type="checkbox"/> 7.36.3 <input type="checkbox"/> 7.36.4 <input type="checkbox"/> 7.36.5	With experience administering doses of <input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 33 millicuries (1.22 GBq) <input type="checkbox"/> Oral naI-131 requiring a written directive in quantities greater than 33 millicuries (1.22 GBq) <input type="checkbox"/> Parenteral administration of any beta-emitter or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive <input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
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¹ Supervising Authorized User must have experience in administering dosages for the same authorizations as the individual requesting to be an Authorized User

AND

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

First Section

For 7.36.2:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in Appendix 7F1.
Name of Proposed Authorized User

OR

2. 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 Appendix 7F2.1(1), and the supervised work and clinical case experience required by Appendix 7F2.1(2).
Name of Proposed Authorized User

For 7.36.3:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in Appendix 7G1.
Name of Proposed Authorized User

OR

2. Training and Experience

I attest that _____ has satisfactorily completed the 80 hours of classroom and laboratory training, as required by Appendix 7G3.1(1), and the supervised work and clinical case experience required by Appendix 7G3.1(2).
Name of Proposed Authorized User

For 7.36.4:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in Appendix 7H1.
Name of Proposed Authorized User

OR

2. Training and Experience

I attest that _____ has satisfactorily completed the 80 hours of classroom and laboratory training, as required in Appendix 7H3.1(1), and the supervised work and clinical case experience required in Appendix 7H3.1(2).
Name of Proposed Authorized User

For 7.36.5:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in Appendix 7I3.
Name of Proposed Authorized User

OR

2. Current Authorized User

I attest that _____ is an Authorized User on _____
Name of Proposed Authorized User Radioactive Materials License Number
for 7.42 (Manual Brachytherapy) or 7.48 (HDR).

OR

3. Training and Experience

I attest that _____ has satisfactorily completed the 80 hours of classroom and laboratory training, as required in Appendix 7I4.1(1), and the supervised work and clinical case experience required in Appendix 7I4.1(2).
Name of Proposed Authorized User

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

Second Section

- I attest that _____ has satisfactorily achieved a level of competency to
Name of Proposed Authorized User
 function independently as an Authorized User for the following:
- Oral NaI-131 requiring a written directive in quantities \leq 33 millicuries (1.22 gigabecquerels).
 - Oral Na-1131 requiring a written directive in quantities $>$ 33 millicuries (1.22 gigabecquerels).
 - Parenteral administration of beta emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive.
 - Parenteral administration of any other radionuclide requiring a written directive

Third Section

Complete the following for preceptor attestation and signature:

- I meet the requirements below, or equivalent NRC or Agreement State requirements, for an Authorized User for:
 - 7.36.2 7.36.3 7.36.4 7.36.5
- 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 \leq 33 millicuries (1.22 gigabecquerels).
 - Oral Na-1131 requiring a written directive in quantities $>$ 33 millicuries (1.22 gigabecquerels).
 - Parenteral administration of beta emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive.
 - Parenteral administration of any other radionuclide requiring a written directive.

Name of Preceptor	Signature	Date
Telephone Number	License or Permit Number and Facility Name	

AUTHORIZED USER FOR 7.36 MEDICAL USES

Specific Instructions and Guidance for Completing Colorado Department of Public Health and Environment (CDPHE) Form 313F

INTRODUCTORY INFORMATION

Name of individual

Provide the individual's complete name so that CDPHE can distinguish the training and experience received from that received by others with a similar name.

Note: Do not include personal or private information (e.g., date of birth, Social Security Number, home address, personal telephone number) as part of your qualification documentation.

Colorado Medical License Number

Physicians, dentists, podiatrists, and pharmacists are required to be licensed by a State or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to prescribe drugs in the practice of medicine, as well as licensed in the practice of dentistry, podiatry, or pharmacy, respectively (see definitions of "physician", "dentist", "podiatrist", and "pharmacist" in Part 7 section 7.2).

Requested Authorization(s)

Check all authorizations that apply.

PART I – TRAINING AND EXPERIENCE

Select one of the three methods below:

- **Method 1 – Board Certification**

The applicant or licensee may use this pathway if the proposed new authorized individual is certified by a board recognized by CDPHE. To confirm that CDPHE recognizes that board's certifications, see NRC's web site: <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

Note: An individual that is board-eligible will not be considered for this pathway until the individual is actually board-certified. Further, individuals holding other board certifications will also not be considered for this pathway. The applicant or licensee will need to provide a copy of the board certification and other documentation of training, experience, or clinical casework as indicated on the form CDPHE Form 313F.

Submit a copy of the board certification.

Submit a completed Section 3.c.

All applicants under this pathway must also submit a completed Part II – Preceptor Attestation.

If the applicant is a radiation oncologist whose board certification is not listed under 7.36 on the NRC's Web site, provide the requested information (i.e., a copy of the board certification listed under either 7.42 or 7.48 on the NRC's Web site, documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in Sections 3.a and 3.b), documentation of supervised clinical experience (complete the table in Section 3.c), and a completed Part II – Preceptor Attestation). As indicated on the form, additional information is needed if the board certification, training, and supervised work experience or clinical experience occurred more than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an AU.

- **Method 2 – Current 7.36, 7.42, or 7.48 Authorized User Seeking Additional Authorization**

Submit a completed Section 2.a.

If the applicant is currently authorized for a subset of clinical uses under 7.36, submit the requested information (i.e., complete the table in Section 3.c to document the new supervised clinical case experience and the completed Preceptor Attestation). As indicated on the form, additional information is needed if the clinical case experience occurred more than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an AU.

If the applicant is currently authorized under Appendix 7K (7.42 uses) or Appendix 7M (7.48 uses) and meets the requirements in Appendix 7I (7.36.5 uses), submit the requested information (i.e., documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in Sections 3.a and 3.b), documentation of supervised clinical experience (complete the table in Section 3.c), and a completed Preceptor Attestation). As indicated on the form, additional information is needed if the training and supervised work experience or clinical experience occurred more than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an AU.

All applicants under this pathway must submit a completed Part II – Preceptor Attestation.

- **Method 3 – Alternate Pathway for Training and Experience for Proposed Authorized User**

This pathway is used for those individuals not listed on the license as authorized individuals and who do not meet the requirements for the board certification pathway. The regulatory requirements refer to three categories of training: Classroom and Laboratory Training (section 3.a.); Supervised Work Experience (section 3.b.); and Supervised Clinical Case Experience (section 3.c.).

The proposed authorized individual may receive the required classroom and laboratory training, supervised work experience, and clinical casework at a single training facility or at multiple training facilities; therefore, space is provided to identify each location and date of training or experience. The date should be provided in the month/day/year (mm/dd/yyyy) format.

The specific number of hours needed for each training and supervised work experience element will depend upon the type of approval sought. Under the Classroom and Laboratory Training, provide the number of clock hours spent on each of the topics listed in the regulatory requirements.

The proposed authorized individual may obtain the required Classroom and Laboratory Training in any number of settings, locations, and educational situations. For example, at some medical teaching/university institutions, a course may be provided for that particular need and taught in consecutive days. In other training programs, the period may be a semester or quarter as part of the formal curriculum. Also, the classroom and laboratory training may be obtained using a variety of other instructional methods. Therefore, the CDPHE will broadly interpret Classroom and Laboratory Training to include various types of instruction, including online training, as long as it meets the specific clock hour requirements and the subject matter relates to radiation safety and safe handling of byproduct material for the uses requested.

Under the Supervised Work Experience sections of the forms, provide only the location and the dates of experience of supervised work experience and check the boxes for each of the topics listed in the regulatory requirements to confirm that the listed subject areas were included in the supervised work experience.

The Supervised Work Experience for physicians must include, but is not limited to, the subject areas listed in the applicable training and experience requirements. The CDPHE recognizes that physicians in training will not dedicate all of their supervised work experience time specifically to the subject areas listed in the regulatory requirements and will be attending to other clinical activities involving the medical use of byproduct material (e.g., reviewing case histories or interpreting scans). Hours spent on these other duties not directly related to radiation safety or hands-on use of byproduct material, even though not specifically required by the CDPHE, may be credited to the supervised work experience category but not to the classroom and laboratory training category.

Note: If the proposed new authorized individual had more than one supervisor, provide the information requested for each supervising individual.

Submit a completed Section 3.a. Include documentation of a graduate degree, such as a copy of a diploma or a copy of a transcript.

Submit a completed Section 3.b. List each supervising individual by name and include the license number showing the supervising individual as an AU.

Submit a completed Section 3.c. for each requested authorization. List each supervising individual by name and include the license number showing the supervising individual as an AU.

All applicants under this pathway must also submit a completed Part II – Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

CDPHE defines the term “preceptor” in Part 7, section 7.2, to mean “an individual who provides, directs, or verifies training and experience required for an individual to become a radiation safety officer, an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, a nuclear medical technologist, or a radiation therapy technologist.” While the supervising individual for the work experience may also be the preceptor, the preceptor does not have to be the supervising individual as long as the preceptor directs or verifies the training and experience required. The preceptor must attest in writing regarding the training and experience of any individual to serve as an authorized individual and attest that the individual has satisfactorily completed the appropriate training and experience requirements and has achieved a level of competency or a level of radiation safety knowledge sufficient to function independently. The preceptor also has to meet specific requirements.

CDPHE may require supervised work experience conducted under the supervision of an authorized individual in a licensed material use program. In this case, a supervisor is an individual who provides frequent direction, instruction, and direct oversight of the student as the student completes the required work experience in the use of byproduct material.

Supervision may occur at various licensed facilities, from a large teaching university hospital to a small private practice.

CDPHE Form 313B Part II – Preceptor Attestation has three sections. .

- The attestation for training and experience requirements in 7.36.2, 7.36.3, 7.36.4 and 7.36.5 are in the first section. Complete all applicable sections for the requested authorizations.
- The attestations for competency to function independently as an AU for specific uses are in the second section.
- The third section requests specific information about the preceptor’s authorization(s) to use licensed material, in addition to the preceptor’s signature.