



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
RADIOLOGICAL HEALTH SECTION
AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

*(For uses defined under New Hampshire Rules for the Control of Radiation
He-P 4035.27, 4035.31 & 4035.39)*

Name of Proposed Authorized User:	State or Territory Where Licensed:
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Requested Authorization(s) – Check all that apply:

- 4035.27 Uptake, Dilution, and Excretion Studies
- 4035.31 Imaging and Localization Studies
- 4035.39 Use of Sealed Sources for Diagnosis (Specify device: _____)

**PART I – TRAINING AND EXPERIENCE
(He-P 4035.63, 4035.64 & 4035.68)**

* Provide dates, duration, and description of training, continuing education, and experience related to the uses checked above and in accordance with He-P 4035.73.

1. Board Certification

- a. Provide a copy of the board certification.
- b. If using only 4035.39 materials, stop here. If using 4035.27 and 4035.31 materials, skip to and complete Part II Preceptor Attestation.

OR

2. Current 4035.65 Authorized User Seeking Additional 4035.64 Authorization

- a. Authorized user on Materials License _____ meeting 4035.65 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements seeking authorization for 4035.64.
- 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

Supervisor meets the requirements below or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements *(check all that apply)*:

- 4035.64 4035.65 + generator experience in 4035.64(c)(1)b.7.

OR

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 byproduct material for medical use <i>(not required for 4035.68)</i>			
Radiation biology			

Total Hours of Training: _____

b. Supervised Work Experience (Completion of this table is not required for 4035.68.) *(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

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 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	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct 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 U.S. Nuclear Regulatory Commission or Agreement State requirements *(check one)*: 4035.63 4035.64 4035.65 4035.65 and generator experience in 4035.64(c)(1)b.7.

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

c. For 4035.68 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates*

d. For 4035.39 uses only, stop here. For 4035.27 and 4035.31 uses, complete 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. (Not required to meet training requirements in 4035.68.)

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 4035.63: **1. Board Certification**

I attest that _____ has satisfactorily completed the
Name of Proposed Authorized User
requirements in He-P 4035.63(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 4035.27.

OR

2. Training and Experience

I attest that _____ has satisfactorily completed the training
Name of Proposed Authorized User
and experience required by 4035.63(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 4035.27.

For 4035.64: **1. Board Certification**

I attest that _____ has satisfactorily completed the
Name of Proposed Authorized User
requirements in He-P 4035.64(b)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 4035.27 and 4035.31.

OR

2. Training and Experience

I attest that _____ has satisfactorily completed the training
Name of Proposed Authorized User
and experience, required by 4035.64(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 4035.27 and 4035.31.

AND

SECOND SECTION – Complete for all submittals.

I meet the requirements below, or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements, as an authorized user for the following:

- 4035.63 4035.64 4035.65 4035.65 and generator experience

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