



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

(New Hampshire Rules for the Control of Radiation He-P 4035.63, 4035.64, 4035.68 & 4035.71)

<b>Name of Proposed Authorized User</b>	<b>State or Territory Where Licensed</b>
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**Requested Authorized Use(s) – Check all that apply:**

- He-P 4035.27 Uptake, Dilution, and Excretion Studies
- He-P 4035.31 Imaging and Localization Studies
- He-P 4035.39 Use of Sealed Sources for Diagnosis (Specify device(s): \_\_\_\_\_)

**PART I – TRAINING AND EXPERIENCE**  
(He-P 4035.63, 4035.64, 4035.68 & 4035.71)

\* 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 He-P 4035.39 materials, use the table in Section 3.c to document device specific training.
  - c. If the board certification was issued on or before October 24, 2005 and is listed in He-P 4035.71; provide documentation demonstrating the individual was using materials for the requested uses on or before October 24, 2005 and is compliant with He-P 4035.73.
  - d. **STOP** here.

**OR**

- 2. Current He-P 4035.65 Authorized User Seeking Additional He-P 4035.31 Authorized Use(s)**
  - a. Authorized user on Materials License \_\_\_\_\_ meeting He-P 4035.65, 4035.71, or equivalent U.S. Nuclear Regulatory Commission (NRC) or Agreement State requirements, seeking authorization for He-P 4035.31 use.
  - 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	No. of 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** \_\_\_\_\_

<b>Supervising Individual</b>	<b>License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist (ANP)</b>
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Supervisor meets the requirements below or equivalent NRC or Agreement State requirements (check all that apply):

- He-P 4035.64     He-P 4035.65 + He-P 4035.64 generator experience     He-P 4035.71     He-P 4035.74 ANP

c. If board certified, provide copy of certificate and **STOP** here. If not, skip to and complete Part II Preceptor Attestation.

**OR**

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

a. Classroom and Laboratory Training

Description of Training	Location of Training	No. of 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 He-P 4035.68)</i>			
Radiation biology			

**Total Hours of Training** \_\_\_\_\_

b. Supervised Work Experience

**Total Hours of Experience** \_\_\_\_\_

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

Description of Experience Must Include	Location of Experience/ License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, 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 <sup>+</sup> <small>+Not required for He-P 4035.27</small>	

**Supervising Individual**

**License/Permit number listing supervising individual as an authorized user or authorized nuclear pharmacist (ANP)**

Supervisor meets the requirements below, or equivalent NRC or Agreement State requirements (*check one*):

- He-P 4035.63   
  He-P 4035.64   
  He-P 4035.65   
  He-P 4035.65 + He-P 4035.64 generator experience  
 He-P 4035.74 ANP

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

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

Device	Type of Training	Location and Dates*

d. For He-P 4035.39 uses only, **STOP** here. For He-P 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 preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain separate preceptor statements from each. Not required to meet He-P 4035.68 training requirements.

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 He-P 4035.63** I attest that \_\_\_\_\_ has satisfactorily completed the training and  
*Name of Proposed Authorized User*

experience requirements in He-P 4035.63 and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under He-P 4035.27.

**For He-P 4035.64** I attest that \_\_\_\_\_ has satisfactorily completed the training and  
*Name of Proposed Authorized User*

experience requirements in He-P 4035.64 and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under He-P 4035.27 and 4035.31.

**AND**

**SECOND SECTION – Complete one of the following for attestation and signature:**

Authorized User

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

- He-P 4035.63     He-P 4035.64     He-P 4035.65     He-P 4035.65 + He-P 4035.64 generator experience

**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 NRC or Agreement State requirements as an authorized user for:

- He-P 4035.63     He-P 4035.64     He-P 4035.65     He-P 4035.65 + He-P 4035.64 generator experience

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; or  
 Royal College of Physicians and Surgeons of Canada; or  
 Council on Post-Graduate Training of the American Osteopathic Association.

I affirm that the residency training program includes training & experience specified in:     He-P 4035.63     He-P 4035.64

<b>Name of Preceptor</b>	<b>Signature</b>	<b>Telephone Number</b>	<b>Date</b>
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<b>Facility Name</b>	<b>License/Permit Number</b>
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