FORM DHHS/RHS-1M
Supplement B-Therapy

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 4035.65, 4035.66, & 4035.71)

Name of Proposed Authorized User	**State or Territory Where Licensed**

Requested Authorized Use(s) – *Check all that apply:*

☐ He-P 4035.35 Use of Unsealed Byproduct Material for which a Written Directive is Required

OR

☐ He-P 4035.35 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ He-P4035.35 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ He-P 4035.35 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 150 keV, for which a written directive is required

PART I – TRAINING AND EXPERIENCE
(He-P 4035.65, 4035.66 & 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. <u>Board Certification</u>**

a. Provide a copy of the board certification.

i.. For He-P 4035.65, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

ii. For He-P 4035.66 (Parenteral), provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in section 3.a., b., and c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.

b. If the board certification was issued on or before October 24, 2005 and is listed in He-P 4035.71(c)(2); 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.

c. **STOP** here.

OR

☐ **2. <u>Current Authorized User for He-P 4035.35, 4035.41, or 4035.47 Use(s) Seeking Additional Authorized Use(s)</u>**

a. Authorized user on Materials License _____ meeting the requirements below or equivalent U.S. Nuclear Regulatory Commission (NRC) or Agreement State requirements *(check all that apply):*

☐ He-P 4035.59 ☐ He-P 4035.65 ☐ He-P 4035.69

☐ He-P 4035.66 (≤33 mCi I-131) ☐ He-P 4035.66 (>33 mCi I-131)

b. If currently authorized for a subset of clinical uses under He-P 4035.35, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy and **STOP** here. If not board certified, skip to and complete Part II Preceptor Attestation.

c. If currently authorized under He-P 4035.59 or 4035.69 or has board certification that is recognized by He-P 4035.59 or 4035.69 and is requesting authorization for He-P 4035.66 (Parenteral), provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., b., and c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.

OR

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training (*Check all that apply):*

☐ He-P 4035.65 ☐ He-P 4035.66 (≤33 mCi I-131) ☐ He-P 4035.66 (>33 mCi I-131) ☐ He-P 4035.66 (Parenteral)

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			
Radiation biology			

Total Hours of Training _____

b. Supervised Work Experience (*Check all that apply):*

☐ He-P 4035.65 ☐ He-P 4035.66 (≤33 mCi I-131) ☐ He-P 4035.66 (>33 mCi I-131) ☐ He-P 4035.66 (Parenteral)

(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, and unpacking radioactive materials safely and performing the related radiation surveys		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	

Supervising Individual	**License/Permit number listing supervising individual as an authorized user**

Supervisor meets the requirements below or equivalent NRC or Agreement State requirements *(check all that apply)***:*

☐ He-P 4035.65
☐ He-P 4035.66
☐ He-P 4035.66
☐ He-P 4035.66
☐ He-P 4035.71

With experience administering dosages of:

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

☐ Oral administration of sodium iodide I-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 150 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.

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

c. Supervised Clinical Case Experience (must include patient administration of dosages for at least 3 cases per use requested)
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-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 150 keV, for which a written directive is required			

Supervising Individual	**License/Permit number listing supervising individual as an authorized user**

Supervisor meets the requirements below or equivalent NRC or Agreement State requirements *(check all that apply)***:*

☐ He-P 4035.65
☐ He-P 4035.66
☐ He-P 4035.66
☐ He-P 4035.66
☐ He-P 4035.71

With experience administering dosages of:

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

☐ Oral administration of sodium iodide I-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 150 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.

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.

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 the applicable box for each authorization requested.

☐ **For He-P 4035.65** I attest that _____ has satisfactorily completed the training and
Name of Proposed Authorized User
experience required by He-P 4035.65.

☐ **For He-P 4035.66** I attest that _____ has satisfactorily completed the training and
Name of Proposed Authorized User
experience required by He-P 4035.66(b) (≤ 33 mCi I-131).

☐ **For He-P 4035.66** I attest that _____ has satisfactorily completed the training and
Name of Proposed Authorized User
experience required by He-P 4035.66(e) (> 33 mCi I-131).

☐ **For He-P 4035.66** I attest that _____ has satisfactorily completed the training and
Name of Proposed Authorized User
experience required by He-P 4035.66(f) (parenteral).

AND

SECOND SECTION

☐ I attest that _____ has satisfactorily completed the supervised clinical case
Name of Proposed Authorized User
experience (a minimum of 3 cases) required by He-P 4035.65(c)(2)b for the authorized use requested: (*Check all that apply)*

☐ Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required.

☐ Oral administration of greater than 33 millicuries of sodium iodide I-131.

☐ 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 150 keV, for which a written directive is required.

AND

THIRD SECTION

☐ I attest that _____ is able to independently fulfill the radiation safety-related duties
Name of Proposed Authorized User
as an authorized user for the authorized use requested: (*Check all that apply)*

☐ Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required.

☐ Oral administration of greater than 33 millicuries of sodium iodide I-131.

☐ 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 150 keV, for which a written directive is required.

FOURTH SECTION

Current He-P 4035.59 or 4035.69 Authorized User requesting Authorization for He-P 4035.66 (parenteral)

☐ I attest that _____ is an authorized user under He-P 4035.59 or 4035.69 or
Name of Proposed Authorized User

equivalent NRC or Agreement State requirements, has satisfactorily completed the training, experience and clinical cases required by He-P 4035.66(f), and is able to independently fulfill the radiation safety-related duties as an authorized user for the He-P 4035.35 medical use stated below:

OR

☐ I attest that _____ has satisfactorily completed the board certification requirements
Name of Proposed Authorized User

of He-P 4035.66(f) or equivalent NRC or Agreement State requirements, has satisfactorily completed the training, experience and clinical cases required by He-P 4035.66(f), and is able to independently fulfill the radiation safety-related duties as an authorized user for the He-P 4035.35 medical use stated below:

☐ 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 150 keV, for which a written directive is required.

FIFTH SECTION

Authorized User

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

☐ He-P 4035.65 ☐ He-P 4035.66 (≤33 mCi I-131) ☐ He-P 4035.66 (>33 mCi I-131) ☐ He-P 4035.66 (Parenteral)

☐ I have experience administering dosages in the following categories for which the proposed authorized user is requesting authorization:

☐ Oral administration of less than or equal to 33 millicuries of sodium iodide I-131 for which a written directive is required.

☐ Oral administration of greater than 33 millicuries of sodium iodide I-131.

☐ 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 150 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 following requirements or equivalent NRC or Agreement State requirements:

☐ He-P 4035.65 ☐ He-P 4035.66 (≤33 mCi I-131) ☐ He-P 4035.66 (>33 mCi I-131) ☐ He-P 4035.66 (Parenteral)

☐ 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 4035.65 ☐ He-P 4035.66 (≤33 mCi I-131) ☐ He-P 4035.66 (>33 mCi I-131) ☐ He-P 4035.66 (Parenteral)

Name of Preceptor	**Signature**	**Telephone Number**	**Date**

Facility Name **License/Permit Number**