



**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION- DIAGNOSTIC IMAGING**  
(for uses defined under 902 KAR 100, Part 072, Sections 68, 69 and 76)

Rev. 01/2012

Name of Proposed Authorized User

Name of Licensee Where Physician Wishes to be Approved or State or Territory Where Licensed

Requested Authorization(s) (check all that apply)

- 902 KAR 100:072, Section 30. Uptake, dilution, and excretion studies
- 902 KAR 100:072, Section 31. Imaging and localization studies
- 902 KAR 100:072, Section 45. Sealed sources for diagnosis (specify device \_\_\_\_\_)

**PART 1 – TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

Training and Experience, including board certification, must have been obtained with the 7 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 the continuing education and experience related to the uses checked above.

- 1. **Board Certification**
  - a. Provide a copy of the board certification.
  - b. If using only 902 KAR 100:072 Section 45 materials, stop here. If using Part 72, Section 30 and Section 31 materials, skip to and complete Part II Preceptor Attestation.
- 2. **Current 902 KAR 100:072, Section 70 Authorized User Seeking Additional Part 72, Section 69 Authorization**
  - a. Authorized user on Materials License \_\_\_\_\_ meeting Part 72, Section 70 equivalent NRC or Agreement State requirements seeking authorization for Part 72, Section 69.
  - 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			
<b>Total Hours of Experience</b>			
Supervising Individual	Licensee/Permit Number on which the supervising individual is listed as an Authorized User		

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION - DIAGNOSTIC IMAGING (cont.)**

Supervisor meets the requirements below (or equivalent from NRC or Agreement State). [check all that apply]

Part 72, Section 69

Part 72, Section 70 plus generator experience in Part 72, Section 69(3)(a)2.g.

**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 radioactive material for medical use (not required for Part 72, Section 76)			
Radiation biology			
<b>Total Hours of Training:</b>			

b. Supervised Work Experience (completion of this table is not required for Part 72, Section 76 (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*
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			

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION - DIAGNOSTIC IMAGING (cont.)**

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
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			
Administering dosages of radioactive drugs to patients or human research subjects			
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			
<b>Total Hours of Experience:</b>			
Supervising Individual	Licensee/Permit Number on which the supervising individual is listed as an Authorized User		
Supervisor meets the requirements below, or equivalent NRC or Agreement State requirements (check one)			
<input type="checkbox"/> Part 72, Section 68 <input type="checkbox"/> Part 72, Section 69 <input type="checkbox"/> Part 72, Section 70 <input type="checkbox"/> Part 72, Section 70 plus generator experience in Part 72, Section 69(3)(a)2.g.			

c. For Part 72, Section 76 only, provide documentation of training on use of the device

Device	Type of Training	Location and Dates

d. For Part 72, Section 45 uses only, stop here. For Part 72, Section 30 and Part 72, Section 31 uses, skip to and complete Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION - DIAGNOSTIC IMAGING (cont.)**

**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 all 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 Part 72, Section 76).

**By checking the boxes below, the preceptor is attesting that the individual has the 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 Part 72, Section 68**

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in 902  
Name of proposed Authorized User  
 KAR 100:072, Section 68(1)(a)1. and has received a level of competency sufficient to function independently as an authorized user for medical uses authorized under 902 KAR 100:072, Section 30.

**OR**

Training and Experience

I attest that \_\_\_\_\_ has satisfactorily completed the 60 hours of training  
Name of proposed Authorized User  
 and experience, including a minimum of 8 hours of classroom and laboratory training, required by Part 72, Section 68(3)(a) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Part 72, Section 30.

**For Part 72, Section 69**

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in 902  
Name of proposed Authorized User  
 KAR 100:072, Section 69(1)(a) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Part 72, Sections 30 and 31.

**OR**

Training and Experience

I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of proposed Authorized User  
 and experience, including a minimum of 80 hours of classroom and laboratory training, required by 902 KAR 100:072, Section 69(3)(a) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Part 72, Sections 30 and 31.

**SECOND SECTION**

Complete the following for preceptor attestation and signature:

- I meet the requirements below, or equivalent NRC or Agreement State requirements, as an authorized user for:
- Part 72, Section 68       Part 72, Section 69       Part 72, Section 70       Part 72, Section 70 plus generator experience

Name of Preceptor	Signature	Telephone Number	Date
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Licensee/Permit Number/Facility Name

