Name of Proposed Authorized User

Name of Licensee Where Physician Wishes to be Approved

Requested Authorization(s) (check all that apply)

☐ 902 KAR 100:072, Section 33. Use of unsealed radioactive material for which a written directive is required

OR

☐ 902 KAR 100:072, Section 33. Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ 902 KAR 100:072, Section 33. Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than to 1.22 gigabecquerels (33 millicuries)

☐ 902 KAR 100:072, Section 33. Parenteral administration of any beta-emitter or photo-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required.

☐ 902 KAR 100:072, Section 33. Parenteral administration of any other radionuclide for which a written directive is required.

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. For 902 KAR 100:072, Section 70, provide documentation of supervised clinical case experience. The table in section 3.c. may be used to document this experience.
   c. For 902 KAR 100:072, Section 73, provide documentation of classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables 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.

☐ 2. Current 902 KAR 100:072, Sections 33, 37, or 46 Authorized User Seeking Additional Authorization
   a. Authorized user on Materials License ____________________________ under the requirements below or equivalent NRC or Agreement State requirements (check all that apply):
      ☐ Part 72, Sect. 70 ☐ Part 72, Sect. 71 ☐ Part 72, Sect. 72 ☐ Part 72, Sect. 74 ☐ Part 72, Sect. 77
   b. If currently authorized for a subset of clinical uses under Part 72, Section 33, provide documentation on additional required supervised case experience. The tables in 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
   c. If currently authorized under Part 72, Sections 74 or 77 and requesting authorization for Part 72, Section 73, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
3. **Training and Experience for Proposed Authorized User**
   
a. **Classroom and Laboratory 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 Classroom and Laboratory Training:** [ ]

b. **Supervised Work Experience**

   (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Clock Hours</th>
<th>Dates of Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculating, measuring, and safely preparing patient or human research subject dosages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using administrative controls to prevent a misadministration involving the use of unsealed radioactive material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using procedures to contain spilled radioactive material safely and using proper decontamination procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Total Hours of Supervised Work Experience:** [ ]
3. Training and Experience for Proposed Authorized User
   
   b. Supervised Work Experience

<table>
<thead>
<tr>
<th>Supervising Individual</th>
<th>Licensee/Permit Name and Number listing supervising individual as an authorized user</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising individual meets the requirements below, or equivalent NRC or Agreement State requirements [Check all that apply]**:</td>
<td></td>
</tr>
<tr>
<td>□ Part 72, Sect. 70</td>
<td>□ Part 72, Sect. 71</td>
</tr>
<tr>
<td><strong>With experience administering dosages of:</strong></td>
<td></td>
</tr>
<tr>
<td>□ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabequerels (33 millicuries)</td>
<td></td>
</tr>
<tr>
<td>□ Oral NaI-131 in quantities greater than 1.22 gigabequerels (33 millicuries)</td>
<td></td>
</tr>
<tr>
<td>□ Parental administration of beta emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive</td>
<td></td>
</tr>
<tr>
<td>□ Parenteral administration of any other radionuclide requiring a written directive</td>
<td></td>
</tr>
</tbody>
</table>

**Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

   *If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*

<table>
<thead>
<tr>
<th>Description of Experience</th>
<th>Number of Cases Involving Personal Participation</th>
<th>Location of Experience/License or Permit Number of Facility</th>
<th>Dates of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabequerels (33 millicuries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabequerels (33 millicuries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral administration of any beta emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral administration of any other radionuclide for which a written directive is required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______________________ (List radionuclides)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Training and Experience for Proposed Authorized User
   c. Supervised Clinical Case Experience (continued)

Supervising Individual
Licensee/Permit Name and Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent NRC or Agreement State requirements [Check all that apply]**:

- [ ] Part 72, Sect. 70
- [ ] Part 72, Sect. 71
- [ ] Part 72, Sect. 72
- [ ] Part 72, Sect. 73

With experience administering dosages of:

- [ ] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabequerels (33 millicuries)
- [ ] Oral NaI-131 in quantities greater than 1.22 gigabequerels (33 millicuries)
- [ ] Parental 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

**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 one of the following for each requested authorization:

For Part 72, Section 70

- **Board Certification**
  - [ ] I attest that __________________________ has satisfactorily completed the training and experience requirements in 902 KAR 100:072, Section 70(1)(a).

  OR

- **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 902 KAR 100:072, Section 70(2)(a).
Preceptor Attestation (continued)

FIRST SECTION (continued)

For Part 72, Section 71 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that ____________________________ has satisfactorily completed the 80 hours of classroom
   Name of proposed Authorized User
and laboratory training, as required by KAR 100:072, Section 71(3)(a) and the supervised work and
clinical case experience required in 902 KAR 100:072, Sections 71(3)(b).

For Part 72, Section 72 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that ____________________________ has satisfactorily completed the 80 hours of classroom
   Name of proposed Authorized User
and laboratory training, as required by 902 KAR 100:072, Section 72(3)(a) and the supervised work and
clinical case experience required in 902 KAR 100:072, Section 72(3)(b).

SECOND SECTION

☐ I attest that ____________________________ has satisfactorily completed the required clinical case
   Name of proposed Authorized User
experience required in 902 KAR 100:072, Section 70(2)(a)2.f.

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabequerels (33
   millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabequerels (33 millicuries)

☐ Parental 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

☐ I attest that ____________________________ has satisfactorily achieved a level of competency to
   Name of proposed Authorized User
function independently as an authorized user for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabequerels (33
   millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabequerels (33 millicuries)

☐ Parental 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
FORM RPS-BAUT

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION – THERAPY UNSEALED (cont.)

FOURTH SECTION

For Part 72, Section 73

Current Part 72, Section 74 or Section 77 Authorized User:

☐ I attest that __________________________ is an authorized user under 902 KAR 100:072, Section

Name of proposed Authorized User

74 or Section 77 or equivalent NRC or Agreement State requirements, has satisfactorily completed the
80 hours of classroom and laboratory training, as required by 902 KAR 100:072, Section 73(4)(a), and the
supervised work and clinical case experience required by 902 KAR 100:072, Section 73(4)(b), and has
achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parental administration of beta emitter, or photon-emitting radionuclide with a photon energy less
than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification

☐ I attest that __________________________ has satisfactorily completed the board certification

Name of proposed Authorized User

requirements of 902 KAR 100:072, Section 73(3), has satisfactorily completed the 80 hours of classroom
and laboratory training required by 902 KAR 100:072, Section 73(4)(a), and the supervised work and
clinical case experience required by 902 KAR 100:072, Section 73(4)(b), and has achieved a level of
competency sufficient to function independently as an authorized user for:

☐ Parental administration of beta emitter, or photon-emitting radionuclide with a photon energy less
than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

FIFTH SECTION

Complete the following for preceptor attestation and signature:

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

☐ Part 72, Section 70 ☐ Part 72, Section 71 ☐ Part 72, Section 72 ☐ Part 72, Section 73

☐ 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 less than or equal to 1.22 gigabequerels (33
millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabequerels (33 millicuries)

☐ Parental administration of beta emitter, or photon-emitting radionuclide with a photon energy less
than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

Name of Preceptor

Signature

Telephone Number

Date

Licensee/Permit Number/Facility Name