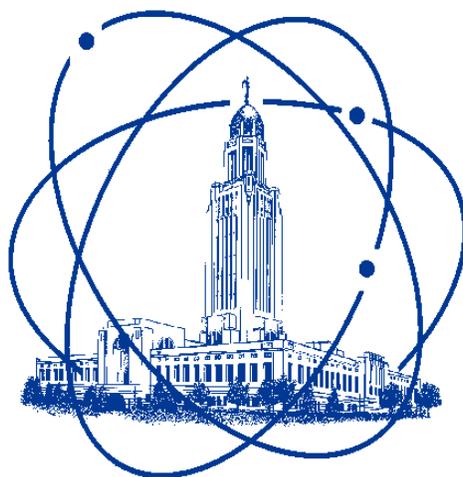


**RG for Form NRH 7A
(Rev.0) 7-2009**

Regulatory Guide for Form NRH 7A

Medical Use Training & Experience and Preceptor Statement



**Nebraska Department of Health and Human Services
Division of Public Health
Radioactive Materials Program
P.O Box 95026
Lincoln, NE 68509-5026**

Nebraska Department of Health and Human Services, Regulatory Guides

Regulatory Guides are issued to describe and make available to the public acceptable methods of implementing specific parts of 180 NAC (Nebraska Regulations for Control of Radiation-Ionizing), to delineate techniques used by the staff in evaluating specific problems or postulated accidents, or to provide guidance to applicants, licensees, or registrants. Regulatory Guides are not substitutes for regulations, and compliance with them is not required. Methods and solutions different from those set out in the guides will be acceptable if they provide a basis for the Nebraska Department of Health and Human Services Regulation and Licensure, Public Health Assurance Division to make necessary determination to issue or continue a license or certificate of registration.

Comments and suggestions for improvements in these Regulatory Guides are encouraged at all times and they will be revised, as appropriate, to accommodate comments and to reflect new information or experience. Comments should be sent to Nebraska Department of Health and Human Services, Division of Public Health, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 69509-5026.

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Regulatory Guide for Form NRH 7A Medical Use Training & Experience and Preceptor Statement

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Regulatory Guide for Form NRH 7A Medical Use Training & Experience and Preceptor Statement

Purpose of Guide

This guide is to provide guidance to:

1. Individuals who are completing an application for a license for the medical use of radioactive material and
2. Individual users, radiation safety officers (RSO), authorized nuclear pharmacist (ANP) and authorized medical physicist (AMP) listed on the application.

In 180 NAC 3-011, the Agency requires that an applicant be qualified by training and experience to use licensed materials for the purposes requested in such a manner as to protect health and minimize danger to life or property. 180 NAC 7-022 through 7-027 give specific criteria for acceptable training and experience for AUs for medical use, ANPs, the RSO, and AMPs. 180 NAC 7-043 through 7-084 gives specific criteria for acceptable training and experience for other users of medical radioactive material.

Each individual user, radiation safety officers (RSO), authorized medicine pharmacist (ANP) or authorized medical physicist (AMP) listed on the application will need to complete an NRH 7A “Medical Use Training & Experience and Preceptor Statement.”

This guide will list the information needed for each type of user.

For additional information concerning users refer to Regulatory Guide 7.0 ‘Radioactive Material Guidance for Medical Use Licenses:’

Item 4 – Individual User(s)

Item 4.A. – Individual(s) Responsible for Radiation Safety Program and their Training and Experience

Item 4.B . – Authorized User(s)

Item 4.C. – Authorized Nuclear Pharmacist

Item 4.D. – Authorized Medical Physicist

Item 5. – Radiation Safety Officer

NRH-7A - Medical Use Training & Experience and Preceptor Statement

A NRH-7A will need to be submitted for each authorized user listed on the NRH 7 “Application for Radioactive Material License.” Each user will need to complete and submit a separate NRH-7A no matter what pathway the individual has obtained his training and experience.

NRH-7A is a generic form that may be used to document the training and experience for each type of user. For a more detailed forms, this guide contains forms for each type of use and lists the requirements for each use. The forms list the different training and experience pathways. It also tells the individual what items need to be completed and information to be attached for the different pathways. This guide includes the following NRH-7A Medical Use Training & Experience and Preceptor Statement for:

180 NAC 7-022 – Training for Radiation Safety Officer – [Form NRH 7A - RSO]

180 NAC 7-023 – Training for Authorized Medical Physicist [Form NRH 7A - AMP]

180 NAC 7-024 – Training for Authorized Nuclear Pharmacist [Form NRH 7A - ANP]

180 NAC 7-043 – Training for Uptake and Dilution and Excretion Studies [Form NRH 7A - AU-7-043]

180 NAC 7-047 – Training for Imaging and Localization Studies [Form NRH 7A - AU-7-047]

180 NAC 7-051 – Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required [Form NRH 7A - AU -7-043]

- 180 NAC 7-052 – Training for the Oral Administration of Sodium Iodine I-131 in Quantities Less than 1.22 Gbq (33 mCi) for which a Written Directive is Required [Form NRH 7A - AU-7-052]
- 180 NAC 7-053 – Training for the Oral Administration of Sodium Iodine I-131 in Quantities Greater than 1.22 Gbq (33 mCi) for which a Written Directive is Required [Form NRH 7A-AU-7-053]
- 180 NAC 7-054 – Training for the Parenteral Administration of Unsealed Radioactive Material Requiring Written Directive [Form NRH 7A – AU-7-054]
- 180 NAC 7-063 – Training for the Use of Manual Brachytherapy Sources [Form NRH 7A - AU-7-064]
- 180 NAC 7-066 – Training for the Use of Sealed Sources for Diagnosis [Form NRH 7A – AU-7-066]
- 180 NAC 7-084 – Training for the Use of Remote Afterloader Units, and Gamma Stereotactic Radiosurgery Units [For NRH 7A – AU-7-084]

These forms step the individual through what is required of each individual depending on which pathway the individual has received the training and experience. Most individuals will also need to obtain a preceptor statement for the experience they have received. The preceptor statement is a part each of the form.

Below is a description of how to complete the NRH 7A – Medical, which is a generic form. Refer to the Table of Contents for the forms for the different types of use.

NRH 7A- Medical

Refer to 180 NAC 7 for what is required for each type of use. 180 NAC 7 will describe what is needed for training and experience for each type of use and the pathway taken.

- 180 NAC 7-022 – Training for Radiation Safety Officer
- 180 NAC 7-023 – Training for Authorized Medical Physicist
- 180 NAC 7-024 – Training for Authorized Nuclear Pharmacist
- 180 NAC 7-043 – Training for Uptake and Dilution and Excretion Studies
- 180 NAC 7-047 – Training for Imaging and Localization Studies
- 180 NAC 7-051 – Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required
- 180 NAC 7-052 – Training for the Oral Administration of Sodium Iodine I-131 in Quantities Less than 1.22 Gbq (33 mCi) for which a Written Directive is Required
- 180 NAC 7-053 - Training for the Oral Administration of Sodium Iodine I-131 in Quantities Greater than 1.22 Gbq (33 mCi) for which a Written Directive is Required
- 180 NAC 7-054 – Training for the Parenteral Administration of Unsealed Radioactive Material Requiring Written Directive
- 180 NAC 7-063 – Training for the Use of Manual Brachytherapy Sources
- 180 NAC 7-066 – Training for the Use of Sealed Sources for Diagnosis
- 180 NAC 7-084 – Training for the Use of Remote Afterloader Units, and Gamma Stereotactic Radiosurgery Units

Part 1

Item 1. Name of Individual

All users will need to complete this item and list the name, address, telephone number, e-mail address and FAX number.

Item 2. Physician or Pharmacist Nebraska License #

If the individual is a physician or pharmacist in Nebraska, the Nebraska License Number needs to be listed.

Item 3. Authorization - On current license or permit

If the individual was previously identified on an Agreement State or U.S. Nuclear Regulatory license or permit for the use requested by the applicant check the appropriate box and for authorized users, list the requested uses. Also provide the license or permit number in which the individual was listed.

Item 4. Certification

If the individual is certified by a specialty board(s) whose certification process has been recognized in 180 NAC 7 for the use, list the specialty board, category and month and year certified and submit a copy of the certification.

Item 5. Classroom and laboratory training

Provide a description of the training classroom and laboratory training, which includes the location and dates of training and number of clock hours. The number of hours will vary from use to use. Refer to the appropriate type of training in 180 NAC 7.

Item 6.A. Work Experience with Radiation

Provide a description of the work experience with radiation, including the name of the supervising individual(s), location and corresponding radioactive material license number and dates and clock hours. The number of hours need and experience will vary from use to use. Refer to the appropriate type of training in 180 NAC 7.

Item 6.B. Supervised Clinical Experience

Provide the experience elements of 6.A. This will include the name of the isotopes; type of use; number of cases; name of supervising individual; location of the training and the radioactive material license number; and the date and clock hours of experience with each isotope. Refer to the appropriate type of training in 180 NAC 7.

Item 6.C. Training

This is for user of 180 NAC 7-022, 7-023, 7-066 and 7-084. This can be used for didactic or vendor training. Refer to appropriate section of 180 NAC 7 for additional information.

Item 7. One Year Full-Time Experience and/or Training

7.A. will need to be completed by a Radiation Safety Office if this is required for the training/experience pathway chosen.

7.B. will need to be completed by a Medical Physicist if this is required for the training/experience pathway chosen. Refer to 180 NAC 7-023 for additional information.

Item 8. Supervising Individual – Identified and Qualifications

If the individual user is required to have a supervising individual for training and experience per 180 NAC 7 for the use requested by the applicant, then this item will need to be completed.

If the individual has had more than one supervising individual than the information in Item 8 will need to be provided for each of the supervising individual.

Part 2 – Item 9. Preceptor Attestation

Refer to 180 NAC 7 for who will need to complete this item. If more than one preceptor is necessary to document experience, then obtain a separate preceptor statement from each. Submit all the preceptor attestations with the NRH-7 application.

Item 9.A.

List the name of the user listed in item 1 of NRH 7A. and check that the individual has completed the requirement of 180 NAC 7. ____, as documented in the application. (Fill the blank in with the applicable training section of 180 NAC 7.)

Item 9.B.

Check the box and fill in the applicable training section of 180 NAC 7.

Item 9.C.

Check the first box and appropriate box for the type of user. If the box is checked next to Authorized User, then complete the blank with the applicable section of 180 NAC 7 for the types of uses.

Item 9.D.

Check the appropriate box for the type of use. Fill in the blanks for the applicable section of 180 NAC 7.

Item 9.E.

The license or permit number in which the preceptor is authorized in the same uses as the individual he/she is attesting for.

Item 9.F.

List the name and the address for the radioactive material license listed in Item 9.E.

Item 9.G.

Complete, sign and date.

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE - MEDICAL
NRH - 7A
Medical Use Training and Experience and Preceptor Attestation
Part 1 - Training and Experience**

Follow Regulatory Guide for NRH 7A "Medical Use Training & Experience and Preceptor Statement" when determining what information is needed for each type of medical use license.

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations in 180 NAC 7.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Is the individual a physician or pharmacist who is licensed to dispense drugs in the practice of medicine in Nebraska?**
 YES (If Yes, list the Nebraska Medical or Pharmacist License #) License #: _____
 NO

3. **Authorization**

On a current license or permit (Provide a copy of the license or broadscope permit listing the current authorization)
The individual is identified on a license or permit as a:

- Radiation Safety Officer for medical use licensee
- Authorized Medical Physicist
- Authorized Nuclear Pharmacist
- Authorized User for _____ use(s).
- The license or permit number _____.

The individual is seeking additional authorization, as a:

- Radiation Safety Officer for medical use licensee
- Authorized Medical Physicist
- Authorized Nuclear Pharmacist
- Authorized User for _____ use(s).

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training

<u>-Description of Training</u>	<u>Location of training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>

6.C. Training for Radiation Safety Officer, Medical Physicist, Authorized Use of sealed sources for diagnosis or Authorized User of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units			
Training Element	Type of Training*	Locations and Dates	
*Types of training may include supervised didactic, or vendor training.			
6.D. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)
7. One Year Full-Time Experience and/or Training			
7.A. Radiation Safety Officer			
<input type="checkbox"/> YES Completed one year of full-time radiation safety experience (in areas identified in 6.A.) under the supervision of <input type="checkbox"/> NA _____ the RSO of License No. _____.			
7.B. Medical Physicist			
<input type="checkbox"/> YES Completed one year of full-time training (in areas identified in 6a) in medical physics under the supervision of <input type="checkbox"/> NA _____ who meets the requirements of a authorized medical physicist or meets the requirements for Authorized Medical Physicist.			
AND			
<input type="checkbox"/> YES Completed one year of full-time experience (at location providing radiation therapy services described and for topic <input type="checkbox"/> NA identified in item 5.A.) for (specify use or device) _____ under the supervision of _____ who is meets the requirements for Authorized Medical Physicists (180 NAC 7-023 (specify use or device) _____.			
8. Supervising Individual – Identification and Qualifications			
The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 180 NAC 7, provide the following information for each):			
8.A. Name of Supervisor _____		8.B. Supervisor is:	
		<input type="checkbox"/> Authorized User	<input type="checkbox"/> Authorized Medical Physicist
		<input type="checkbox"/> Radiation Safety Officer	<input type="checkbox"/> Authorized Nuclear Pharmacist
8.C. The supervisor meets the requirements of 180 NAC 7-_____ for medical uses in 180 NAC 7-_____.			
8.D. Authorized User on Radioactive Material License Number:		8.E. Licensee Name: Licensee Address:	

**SUPPLEMENT A Medical Use Training and Experience and Preceptor Attestation
Part 2—Preceptor Attestation**

Note: *The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.*

9. Preceptor Attestation

9.A. I attest that _____ (name of individual named in Item 1):

has satisfactorily completed the requirements in 180 NAC 7-_____, as documented in this application.

9.B. meets the requirements of 180 NAC 7-_____ for types of use, as documented in section(s)_____ of this form.

9.C. has achieved a level of competency and radiation safety knowledge sufficient to function independently as a: (check one)

- Radiation Safety Officer for a medical use licensee
- Authorized Medical Physicist
- Authorized Nuclear Pharmacist
- Authorized User for _____ uses.

9.D. I am a

- Authorized User Authorized Medical Physicist
- Radiation Safety Officer Authorized Nuclear Pharmacist

I meet the requirement of 180 NAC 7-_____ for medical uses in 180 NAC 7-_____.

9.E. Preceptor on Radioactive Material License #:

9.F. Licensee Name:
Licensee Address:

9.G. Name of Preceptor (type or print clearly)

Signature --Preceptor

Date

Forms for Specific Users

Below is a list of forms included:

NRH-7A Medical Use Training & Experience and Preceptor Statement for:

- 180 NAC 7-022 – Training for Radiation Safety Officer – [Form NRH 7A – RSO]
- 180 NAC 7-023 – Training for Authorized Medical Physicist [Form NRH 7A – AMP]
- 180 NAC 7-024 – Training for Authorized Nuclear Pharmacist [Form NRH 7A – ANP]
- 180 NAC 7-043 – Training for Uptake and Dilution and Excretion Studies [Form NRH 7A – AU-7-043]
- 180 NAC 7-047 – Training for Imaging and Localization Studies [Form NRH 7A – AU-7-047]
- 180 NAC 7-051 – Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required [Form NRH 7A – AU-7-043]
- 180 NAC 7-052 – Training for the Oral Administration of Sodium Iodine I-131 in Quantities Less than 1.22 Gbq (33 mCi) for which a Written Directive is Required [Form NRH 7A – AU-7-052]
- 180 NAC 7-053 - Training for the Oral Administration of Sodium Iodine I-131 in Quantities Greater than 1.22 Gbq (33 mCi) for which a Written Directive is Required [Form NRH 7A – AU-7-053]
- 180 NAC 7-054 – Training for the Parenteral Administration of Unsealed Radioactive Material Requiring Written Directive [Form NRH 7A – AU-7-054]
- 180 NAC 7-063 – Training for the Use of Manual Brachytherapy Sources [Form NRH 7A – AU-7-064]
- 180 NAC 7-066 – Training for the Use of Sealed Sources for Diagnosis [Form NRH 7A – AU-7-066]
- 180 NAC 7-084 – Training for the Use of Remote Afterloader Units, and Gamma Stereotactic Radiosurgery Units [For NRH 7A – AU-7-084]

The forms included a detailed description of what is needed for training and experience requirements for each type of use and the different training pathway available for each use.

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
Medical
NRH -7A
**Medical Use Training & Experience
and Preceptor Statement**
for
180 NAC 7-022 – Training for Radiation Safety Officer

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

The Radiation Safety Officer will need to complete Items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Is the individual a physician or pharmacist who is licensed to dispense drugs in the practice of medicine in Nebraska?**

- YES (If Yes, list the Nebraska Medical or Pharmacist License #) License #:
 NO

3. **Authorization for Radiation Safety Officer**

Select a Training Pathway. Please check one of the five items below. Then complete and submit items requested.

180 NAC 7-026.01 Provisions for Experienced Radiation Safety Officer

- A radiation safety officer on a Agreement State or NRC license that authorizes medical use before the (effective date of these regulations) need not comply with the training requirements of 180 NAC 7-022.
- a. A copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State broad scope license or master material license permit or by a master material license permittee of broad scope) that authorized the uses requested and on which the individual was named as RSO with the application.

180 NAC 7-022 Training for Radiation Safety Officer

- Certification – 180 NAC 7-022.01**
- a. Provide a copy of the board certification by a specialty board whose certification process has been recognized by the Agency under 180 NAC 7-022.01 or Agreement State or U.S. Nuclear Regulatory Commission and complete Item 4 and
 - b. Provide completed Preceptor Attestation, Item 9.
- Training and Experience – 180 NAC 7-022.02**
- a. 200 hours of classroom and laboratory training and one year of full-time radiation safety experience under the supervision of an individual identified as a RSO on a U.S. Nuclear Regulatory Commission or Agreement State License that authorizes similar type(s) of use(s) and
 - b. Complete Items 5, 6, 7, and 8 and
 - c. Provide completed Preceptor Attestation, Item 9.
- A Medical Physicist who has been certified by a specialty board – 180 NAC 7-022.03, Item 1**
- a. Has been certified by a specialty board who certification process has been recognized by the U.S. Nuclear Regulatory Commission or an agreement state and has experience in radiation safety for similar types of use of radioactive material for which the licensee is seeking the approval and
 - b. Provide a copy of the board certification and complete Item 4
 - c. Complete Items 6.A. and 6.B. and
 - d. Provide completed Preceptor Attestation, Item 9.
- An authorized user, authorized medical physicist, or authorized nuclear pharmacist – 180 NAC 7-022.03, Item 2**
- a. Is identified on the licensee's license as an authorized user, authorized medical physicist or authorized nuclear pharmacist and has experience with the radiation safety aspects for similar types of use of radioactive material for which the individual has Radiation Safety Officer responsibilities and
 - b. Provide a copy of the radioactive material license
 - c. Complete Items 6.A., and 6.B. and
 - d. Provide completed Preceptor Attestation, Item 9.

4. Certification:			
<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>	
5. Classroom and laboratory training: (minimum 200 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Radiation Biology			
Radiation dosimetry			
6. Work Experience: (1 year)			
6.A. Work Experience Under the supervision of the individual identified as the Radiation Safety Officer on a Nuclear Regulatory Commission or Agreement State license that authorizes similar type(s) or use(s) of radioactive material involving: (180 NAC 7-022.02, Item 1.b.).			
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Shipping and receiving radioactive material and performing the related			
Using and performing checks for proper operation of dose calibrators, survey meters, and instruments used to measure radionuclides			
Securing and controlling radioactive material;			
Using administrative controls to avoid mistakes in the administration of radioactive material			
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures			
Using emergency procedures to control radioactive material and			
Disposing of radioactive material			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License Number</u>	<u>Date and/or Clock Hours of Experience</u>

6.C. Training for 180 NAC 7-022.05 -Radiation Safety Officer - The training is supervised by a radiation safety officer, authorized medical physicist, authorized nuclear pharmacist or authorized user for types of use for which a licensee seeks approval.		
Training Element	Type of Training*	Locations and Dates
Radiation Safety		
Regulatory Issues		
Emergency Procedures		

*Types of training may include supervised didactic, or vendor training.

6.D. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

7. Radiation Safety Officer (RSO) – One Year Full-Time Experience <input type="checkbox"/> YES Completed one year of full-time radiation safety experience (in areas identified in 6.A.) under supervision of _____ the RSO of License No. _____.

8. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 180 NAC 7, provide the following information for each):

A. Name of Supervisor

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of:

for medical uses in

180 NAC 7-022 Radiation Safety Officer

180 NAC 7-023 Authorized Medical Physicist

180 NAC 7-024 Authorized Nuclear Pharmacist

180 NAC 7-043 Training for Uptake and Dilution, and Excretion Studies

180 NAC 7-041 for Use of Unsealed Radioactive Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required

180 NAC 7-047 Training for Imaging and Localization Studies

180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required

180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required

180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required

180 NAC 7-052 Training for the Oral Administration of Sodium Iodide I-131 in Quantities Less than 1.22 Gbq (33 mCi) for which a Written Directive is Required

180 NAC 7-053 Training for the Oral Administration of Sodium Iodine I1031 in Quantities Greater than 1.22 Gbq (33 mCi) for Which a Written Directive is Required

180 NAC 7-054 Training for the Parenteral Administration of Unsealed Radioactivid Material Requiring Written Directive

180 NAC7-063 Training for the Use of Manual Brachytherapy Sources

180 NAC 7-055 for Use of sources for Manual Brachytherapy

180 NAC 7-064 Training for Ophthalmic Use of Strontium 90

180 NAC7-066 Training for Use of Sealed Sources for Diagnosis

180 NAC 7-065 Use of Sealed Sources for Diagnosis

180 NAC 7-084 Training for use of Remote Afterloader Units, and Gamma Stereotactic Radiosurgery Units

180 NAC 7-067 Use of Sealed Source in a Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units.

D. Authorized User on Radioactive Material License Number:

E. Licensee Name:

Licensee Address:

9. Preceptor Attestation

Note: *The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.*

I attest that _____ (name of individual named in Item 1):

A. has satisfactorily completed the requirements in:

- 180 NAC 7-022.01, Item 1.a. and b. as documented in this application or
- 180 NAC 7-022.01, Item 2.a. and b. as documented in this application or
- 180 NAC 7-022.02, Item 1. as documented in this application or
- 180 NAC 7-022.03, Item 1. or 2. as documented in this application.

B. has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; (180 NAC 7-022.04)

C. has training in radiation safety, regulatory issues, and emergency procedures for types of uses for which the licensee seeks approval, as documented in section 6 of this form (180 NAC 7-022.05.)

D. I am a

- Authorized User Authorized Medical Physicist
- Radiation Safety Officer Authorized Nuclear Pharmacist

I meet the requirements of:

for medical uses in

- | | |
|---|---|
| <input type="checkbox"/> 180 NAC 7-022 Radiation Safety Officer | |
| <input type="checkbox"/> 180 NAC 7-023 Authorized Medical Physicist | |
| <input type="checkbox"/> 180 NAC 7-024 Authorized Nuclear Pharmacist | |
| <input type="checkbox"/> 180 NAC 7-043 Training for Uptake and Dilution, and Excretion Studies | <input type="checkbox"/> 180 NAC 7-041 for Use of Unsealed Radioactive Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required |
| <input type="checkbox"/> 180 NAC 7-047 Training for Imaging and Localization Studies | <input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required |
| <input type="checkbox"/> 180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required | <input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required |
| <input type="checkbox"/> 180 NAC 7-052 Training for the Oral Administration of Sodium Iodide I-131 in Quantities Less than 1.22 Gbq (33 mCi) for which a Written Directive is Required | |
| <input type="checkbox"/> 180 NAC 7-053 Training for the Oral Administration of Sodium Iodine I1031 in Quantities Greater than 1.22 Gbq (33 mCi) for Which a Written Directive is Required | |
| <input type="checkbox"/> 180 NAC 7-054 Training for the Parenteral Administration of Unsealed Radioactive Material Requiring Written Directive | |
| <input type="checkbox"/> 180 NAC 7-063 Training for the Use of Manual Brachytherapy Sources | <input type="checkbox"/> 180 NAC 7-055 for Use of sources for Manual Brachytherapy |
| <input type="checkbox"/> 180 NAC 7-064 Training for Ophthalmic Use of Strontium 90 | |
| <input type="checkbox"/> 180 NAC 7-066 Training for Use of Sealed Sources for Diagnosis | <input type="checkbox"/> 180 NAC 7-065 Use of Sealed Sources for Diagnosis |
| <input type="checkbox"/> 180 NAC 7-084 Training for use of Remote Afterloader Units, and Gamma Stereotactic Radiosurgery Units | <input type="checkbox"/> 180 NAC 7-067 Use of Sealed Source in a Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units. |

E. Preceptor on Radioactive Material License #:

F. Licensee Name:

Licensee Address:

Name of Preceptor (type or print clearly)

Signature --Preceptor

Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
Medical
NRH – 7A
**Medical Use Training & Experience
and Preceptor Statement**
for
180 NAC 7-023 – Training for Authorized Medical Physicist

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- A. 1 & 2 on this page and
- B. Select a training pathway in Item 3 and
- C. Complete and submit Items requested in Item 3.

1. Name of Individual: _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. Is the individual a physician or pharmacist who is licensed to dispense drugs in the practice of medicine in Nebraska?

YES (If Yes, list the Nebraska Medical or Pharmacist License #) License #:
 NO

3. Authorization for Medical Physicist

Select a training pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.01 Provisions for Experienced Authorized Medical Physicist

A authorized medical physicist on a Agreement State or NRC license that authorizes medical use before (effective date of these regulations) need not comply with the training requirements of 180 NAC 7-023.

Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the authorized medical physicist was specifically name as an authorized medical physicist for the uses requested.

180 NAC 7-023 Training for Authorized Medical Physicist

Certification - 180 NAC 7-023.01

- c. Provide a copy of the board certification and complete Item 4; and
- d. Provide completed Preceptor Attestation, Item 9.

Training and Experience -180 NAC 7-023.02

- a. Holds a master's or doctor's degree in physics, medical physics, or other physical science, engineering or applied mathematics from an accredited college or university; and has one year of full-time training in medical physics and an additional year of full-time radiation safety experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the types(s) of use for which the individual is seeking authorization; and
- b. Item 5 is optional
- c. Complete Items 6 and 7 (or provide documents of the years training) and
- d. Complete Item 8, and
- e. Provide completed Preceptor Attestation, Item 9.

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and Laboratory Training (180 NAC 7-23.02)) Optional			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of			
Radiation Biology			
Chemistry of Radioactive Material for Medical Use			
OTHER			

6. Work Experience (1 year)

6.A. Work Experience Under the supervision of an individual who meets the requirements for an authorized medical physicist for the types(s) of use for which the individual is seeking authorization. This training and work experience must be conducted in a clinical radiation facilities that provides high energy, external beam therapy (photons and electrons with energies greater than or equal to one million electron volts and brachytherapy services and must include: (180 NAC 7-023.02, Item 1.).

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot check of external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable			
Conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)

<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License Number</u>	<u>Date and/or Clock Hours of Experience</u>
Am-241	Imaging or Bone Mineral Analysis				
Au-198	Intracavitary Treatment				
Co-60	Interstitial, Intercavitary or Topical Treatment				
Co-60	Teletherapy				
Cs-137	Interstitial, Intercavitary or Topical Treatment				
Cs-137	Teletherapy				

F-18	Positron Emission Tomography (P.E.T.)				
Ga-67	Abscess Tumor Imaging				
Gd-153	Imaging or Bone Mineral Analysis				
I-123	Thyroid Imaging				
I-125 or I-131	Diagnosis of Thyroid Function				
I-125 or I-131	Determination of Blood and Blood Plasma Volume				
I-125 or I-131	Liver Function Studies				
I-125 or I-131	Fat Absorption Studies				
I-125 or I-131	Kidney Function Studies				
I-125 or I-131	In vitro Studies				
I-125	Interstitial Treatment				
I-125	Detection of Thrombosis				
I-125	Imaging or Bone Mineral Analysis				
I-131	Diagnosis of Thyroid Function				
I-131	Treatment of Hyperthyroidism				
In-111	Cisternography				
Ir-192	Interstitial Treatment				
Ir-192	High Dose Rate Remote Afterloaders				
Mo-99/Tc-99m	Radiopharmaceutical Preparation - Generator				
P-32	Eye Tumor Localization				
P-32 (Soluble)	Treatment of Polycythemia Vera, Leukemia, and Bone Metastases				
P-32 (Colloidal)	Intracavitary Treatment				
Pd-193	Interstitial Treatments				
Ra-226	Interstitial, Intracavitary or Topical Treatment				
Se-75	Pancreas Imaging				
Sn-113/In-113m	Radiopharmaceutical Preparation – Generator				
Sr-89	Bone Metastases and Pain				
Sr-90	Treatment of Eye Disease				
Tc-99m	Radiopharmaceutical Preparation – Reagent Kits				
Tc-99m	Brain Imaging				

Tc-99m	Cardiac Imaging				
Tc-99m	Hepatobiliary Imaging				
Tc-99m	Thyroid Imaging				
Tc-99m	Salivary Gland Imaging				
Tc-99m	Blood Pool Imaging				
Tc-99m	Placenta Localization				
Tc-99m	Liver and Spleen Imaging				
Tc-99m	Lung Imaging				
Tc-99m	Bone Imaging				
TI-201	Cardiac Imaging				
Yb-169	Cisternography				
Xe-133	Blood Flow Studies and Pulmonary Function Studies				
Other					

6.C. Training for 180 NAC 7-023.04 - The training is supervised by a authorized medical physicist authorized for the type(s) of use for which a licensee seeks approval. The training requirement may be satisfied by satisfactorily completing a training program provided by the vendor.

Training Element	Type of Training*	Locations and Dates
Hands-on-device operation		
Safety Procedures		
Clinical Use		
Operation of a treatment planning system		

6.D. Formal Training

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

7. Medical Physicist – One Year Full –Time Training/Work Experience

Yes Completed one year of full-time training (for areas identified in 6.A.) in medical physics (180 NAC 7-023) under the supervision of _____ who meets the requirements for Authorized Medical Physicist (180 NAC 7-023);

And

Yes Completed one year of full-time work experience (at location providing radiation therapy services described and for topics identified in Item 6.A.) for (specify use or device) _____ under the supervision of _____ who meets requirement or Authorized Medical Physicist (180 NAC 7-023) (specify use or device) _____.

NOTE: Training and work experience must be conducted in clinical radiation facilities that provide high-energy, external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services and must include items in Item 6.A.

8. Supervising Individual – Identification and Qualifications The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 180 NAC 7, provide the following information for each):	
A. Name of Supervisor/Authorized Medical Physicist _____	
B. Supervisor meets requirements of:	<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-023 Authorized Medical Physicist	
	<input type="checkbox"/> 180 NAC 7-041 for Use of Unsealed Radioactive Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required
	<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required
	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required
	<input type="checkbox"/> 180 NAC 7-055 for Use of sources for Manual Brachytherapy
	<input type="checkbox"/> 180 NAC 7-065 Use of Sealed Sources for Diagnosis
	<input type="checkbox"/> 180 NAC 7-067 Use of Sealed Source in a Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units.
C. Authorized Medical Physicist on Radioactive Material License Number:	D. Licensee Name: Licensee Address:

9. Preceptor Attestation (180 NAC 7-023.02, Item 2)		
Note: <i>The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.</i>		
I attest that _____ (name of individual named in Item 1):		
A. has satisfactorily completed the requirements in:		
<input type="checkbox"/> 180 NAC 7-023.01 Items 1. and 2. and 7-023.04 as documented in this application or <input type="checkbox"/> 180 NAC 7-023.02, Item 1. and 7-023.04 as documented in this application		
B. <input type="checkbox"/> has training in radiation safety, regulatory issues, and emergency procedures for types of uses for which the licensee seeks approval, as documented in section 6 of this form (180 NAC 7-023.03).		
C. <input type="checkbox"/> has achieved a level of radiation safety knowledge sufficient to function independently as a authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status; (180 NAC 7-023.02, Item 2)		
D. I am a Authorized Medical Physicist.		
I meet the requirements of:	<u>for medical uses in</u>	
<input type="checkbox"/> 180 NAC 7-023 Authorized Medical Physicist		
	<input type="checkbox"/> 180 NAC 7-041 for Use of Unsealed Radioactive Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required	
	<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required	
	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
	<input type="checkbox"/> 180 NAC 7-055 for Use of sources for Manual Brachytherapy	
	<input type="checkbox"/> 180 NAC 7-065 Use of Sealed Sources for Diagnosis	
	<input type="checkbox"/> 180 NAC 7-067 Use of Sealed Source in a Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units.	
E. Preceptor on Radioactive Material License #:	F. Licensee Name: Licensee Address:	
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
Medical
NRH - 7A
Medical Use Training & Experience
and Preceptor Statement
for
180 NAC 7-024 - Authorized Nuclear Pharmacists

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. List your Nebraska Pharmacist License # _____

3. Authorization for a Nuclear Pharmacists

Select a training pathway - Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.01 Provisions for Experienced Authorized Nuclear Pharmacist

- A authorized nuclear pharmacist on a Agreement State or NRC license that authorizes medical use before (effective date of these regulations) need not comply with the training requirements of 180 NAC 7-024.
Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the authorized nuclear pharmacist was specifically name as an authorized nuclear pharmacists for the uses requested.

180 NAC 7-024 Training for Authorized Nuclear Pharmacist

- Certification** – 180 NAC 7-024.01
 - e. Provide a copy of the board certification and complete Item 4; and
 - f. Provide completed Preceptor Attestation, Item 9.
- Training and Experience** – 180 NAC 7-024.02
 - a. 700 hours of classroom and laboratory training and supervised practical experience;
 - b. Complete Items 5, 6, and 7 (or provide documentation of the 200 hours of the training); and
 - c. Complete Item 8; and
 - d. Provide completed Preceptor Attestation, Item 9.

4. Certification 180 NAC 7-024.01

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Structured Educational Program (180 NAC 7-024.02, Item 1.a.)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Radiation Biology			
Chemistry of radioactive material for medical use;			

6.A. Work or Practical Experience with Radiation (180 NAC 7-024.02, Item 1.b.)			
<u>Description of Experience</u>	<u>Name of Supervising Individual(s)</u>	<u>Location and Corresponding Materials License Number</u>	<u>Location and Corresponding Materials License Number</u>
Shipping, receiving and performing related radiation surveys			
Using and performing checks for proper operation of dosages, survey meters, and, if appropriate instruments used to measure alpha or beta emitting radionuclides			
Calculating, assaying, and safely preparing dosages for patients or human research subjects;			
Using administrative controls to avoid medical events in the administration of radioactive material			
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License Number</u>	<u>Date and/or Clock Hours of Experience</u>
F-18	Positron Emission Tomography (P.E.T.)				
Ga-67	Abscess Tumor Imaging				
I-123	Thyroid Imaging				
I-125 or I-131	Diagnosis of Thyroid Function				
I-125 or I-131	Determination of Blood and Blood Plasma Volume				

I-125 or I-131	Liver Function Studies				
I-125 or I-131	Fat Absorption Studies				
I-125 or I-131	Kidney Function Studies				
I-125 or I-131	In vitro Studies				
I-125	Detection of Thrombosis				
I-125	Imaging or Bone Mineral Analysis				
I-131	Diagnosis of Thyroid Function				
I-131	Treatment of Hyperthyroidism				
In-111	Cisternography				
Ir-192					
Mo-99/Tc-99m	Radiopharmaceutical Preparation – Generator				
P-32	Eye Tumor Localization				
P-32 (Soluble)	Treatment of Polycythemia Vera, Leukemia, and Bone Metastases				
P-32 (Colloidal)	Intracavitary Treatment				
Pd-193	Interstitial Treatments				
Ra-226	Interstitial, Intracavitary or Topical Treatment				
Se-75	Pancreas Imaging				
Sn-113/In-113m	Radiopharmaceutical Preparation – Generator				
Sr-89	Bone Metastases and Pain				
Sr-90	Treatment of Eye Disease				
Tc-99m	Radiopharmaceutical Preparation – Reagent Kits				
Tc-99m	Brain Imaging				
Tc-99m	Cardiac Imaging				
Tc-99m	Hepatobiliary Imaging				
Tc-99m	Thyroid Imaging				
Tc-99m	Salivary Gland Imaging				
Tc-99m	Blood Pool Imaging				
Tc-99m	Placenta Localization				

Tc-99m	Liver and Spleen Imaging				
Tc-99m	Lung Imaging				
Tc-99m	Bone Imaging				
TI-201	Cardiac Imaging				
Yb-169	Cisternography				
Xe-133	Blood Flow Studies and Pulmonary Function Studies				
Other					

7. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

8. Supervising Individual – Identification and Qualifications The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 180 NAC 7, provide the following information for each):	
A. Name of Supervisor _____ B. Supervisor is:	
<input type="checkbox"/> Authorized Nuclear Pharmacist	
C. Supervisor meets requirements of: _____ <u>for medical uses in</u>	
<input type="checkbox"/> 180 NAC 7-024 Authorized Nuclear Pharmacist	
<input type="checkbox"/> 180 NAC 7-041 for Use of Unsealed Radioactive Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required	
<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required	
<input type="checkbox"/> 180 NAC 7-048.01 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
<input type="checkbox"/> 180 NAC 7-048.02 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
<input type="checkbox"/> 180 NAC 7-048.03 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
<input type="checkbox"/> 180 NAC 7-048.04 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
D. Address: _____	
E. Material License Number _____	

9. Preceptor Attestation (180 NAC 7-024.03)		
Note: <i>The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.</i>		
I attest that _____ (name of individual named in Item 1):		
A. has satisfactorily completed the requirements in:		
<input type="checkbox"/> 180 NAC 7-024.01, Item 1, 2, and 3 as documented in this application or <input type="checkbox"/> 180 NAC 7-024.02 Item 1 and 7-024.02, Item 2 as documented in this application.		
B. <input type="checkbox"/> has achieved a level of radiation safety knowledge sufficient to function independently as a Authorized Nuclear Pharmacist; (180 NAC 7-024.03)		
C. I am a		
<input type="checkbox"/> Authorized Nuclear Pharmacist		
I meet the requirements of:		<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-024 Authorized Nuclear Pharmacist		
	<input type="checkbox"/> 180 NAC 7-041 for Use of Unsealed Radioactive Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required	
	<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required	
	<input type="checkbox"/> 180 NAC 7-048.01 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
	<input type="checkbox"/> 180 NAC 7-048.02 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
	<input type="checkbox"/> 180 NAC 7-048.03 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
	<input type="checkbox"/> 180 NAC 7-048.04 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
D. Preceptor on Radioactive Material License #		E. Licensee Name: Licensee Address:
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

Medical
 NRH-7A

**Medical Use Training & Experience
 and Preceptor Statement
 for**

Authorized User

180 NAC 7-043 –Training for Uptake, Dilution and Excretion Studies

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. Authorization for Authorized User of 180 NAC 7-043

Select a Training Pathway. Please check one of the four items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user on a Agreement State or NRC license before the(effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-043.

Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-043 Training for Uptake, Dilution and Excretion Studies

- Certification** – 180 NAC 7-043.01
 - g. Provide a copy of the board certification and complete Item 4 and
 - h. Provide completed Preceptor Attestation, Item 9.
- Is an authorized user under 180 NAC 7-047 or 180 NAC 7-051**
 - a. Provide a copy of the license with the application.
- Training and Experience** - 180 NAC 7-043.03
 - a. 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies listed in Item 5; and
 - b. Complete Items 6 and 7 (or provide documents of the 60 hours of training) and
 - c. Complete Item 8 and
 - d. Provide completed Preceptor Attestation, Item 9.

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 8 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Classroom or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Chemistry of Radioactive Material for Medical Use			
Radiation Biology			

6. Work Experience: (minimum 52 hours)			
6.A. Work experience under the supervision of an authorized user who meets the requirements in 180 NAC 7-043, 7-047, or 7-051 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements, involving: (180 NAC 7-043.03, Item 2.).			
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(1) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys			
(2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
(3) Calculating, measuring and safely preparing patient or human research subject dosages;.			
(4) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material			
(5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures			
(6) Administering dosages of radioactive drugs to patients or human research subjects			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License #</u>	<u>Date and/or Clock Hours of Experience</u>
I-125 or I-131	Diagnosis of Thyroid Function				
I-125 or I-131	Liver Function Studies				
I-125 or I-131	Kidney Function Studies				
I-125	Detection of Thrombosis				
I-131	Diagnosis of Thyroid Function				
In-111	Cisternography				
Mo-99/Tc-99m	Radiopharmaceutical Preparation - Generator				
Tc-99m	Radiopharmaceutical Preparation - Reagent Kits				
Yb-169	Cisternography				
Xe-133	Blood Flow Studies and Pulmonary Function Studies				
Other					

7. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

8. Supervising Individual – Identification and Qualifications	
The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-043, 7-047 and 7-051 (if more than one supervising individual is needed to meet requirements in 180 NAC 7-043, provide the following information for each):	
Name of Supervisor/Authorized User _____	
A. The supervisor meets requirements of:	<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-043 Training for Uptake, Dilution and Excretion Studies or	<input type="checkbox"/> 180 NAC 7-041 for use of unsealed radioactive material for uptake, dilution and excretion studies for which a written directive is not required; or
<input type="checkbox"/> 180 NAC 7-047 Training for Imaging and Localization Studies or	<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required; or
<input type="checkbox"/> 180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required
B. Authorized User on Radioactive Material License Number:	C. Licensee Name: Licensee Address:

9. Preceptor Attestation (180 NAC 7-043.04)		
Note: The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.		
I attest that _____ (name of individual named in Item 1):		
A. <input type="checkbox"/> has satisfactorily completed the requirements of:		
<input type="checkbox"/> 180 NAC 7-043.01, Item 1. as documented in this application; or		
<input type="checkbox"/> 180 NAC 7-043.03, Item 1. and 2. as documented in this application.		
B. <input type="checkbox"/> has achieved a level of competency sufficient to function independently as a Authorized User for uses authorized for the medical uses in 180 NAC 7-041.		
C. I am a		
<input type="checkbox"/> Authorized User		
I meet the requirements of:	<u>for medical uses in</u>	
<input type="checkbox"/> 180 NAC 7-043 Training for Uptake, Dilution and Excretion Studies	<input type="checkbox"/> 180 NAC 7-041for Use of Unsealed Radioactive Material for Uptake, Dilution and Excretion Studies for Which a Written Directive is not Required	
<input type="checkbox"/> 180 NAC 7-047 Training for Imaging and Localization Studies and	<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required	
<input type="checkbox"/> 180 NAC 7-051 Training for Unsealed Radioactive Material for Which a Written Directive is Required and	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
D. Preceptor on Radioactive Material License #:	E. Licensee Name: Licensee Address:	
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
 Medical
NRH-7A
Medical Use Training & Experience
and Preceptor Statement
 for
Authorized User
180-NAC 7-047 –Training for Imaging and Localization Studies

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. Authorization for Authorized user of 180 NAC 7-047

Select a Training Pathway Please check one of the four items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user on a Agreement State or NRC license before the(effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-047.

Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-047 Training for Imaging and Localization Studies

- Certification** – 180 NAC 7-047.01
- i. Provide a copy of the board certification and complete Item 4; and
 - j. Provide completed Preceptor Attestation, Item 9.
- Is an authorized user under 180 NAC 7-051 and meets the requirements in 180 NAC 7-047.03, Item 1.b.(7)**
- a. Provide a copy of the license with the application.
- Training and Experience** – 180 NAC 7-047.03
- a. 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for imaging and localization studies listed in Item 5; and
 - b. Complete Items 6 and 7 (or provide documents of the 700 hours of training); and
 - c. Provide completed Preceptor Attestation, Item 9.

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 80 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Classroom or Laboratory</u>
Radiation Physics and Instrumentation			
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Chemistry of Radioactive Material for Medical Use			
Radiation Biology			

6. Work Experience: (minimum 620 hours)			
6.A. Work experience under the supervision of an authorized user who meets the requirements in 180 NAC 7-047, or 7-047.03, Item 1.b.(7) and 7-051 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements, involving: (180 NAC 7-047.03, Item 2.).			
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(1) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys			
(2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
(3). Calculating, measuring and safely preparing patient or human research subject dosages;.			
(4) Using administrative controls to prevent a medical event/misadministration involving the use of unsealed radioactive material			
(5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures			
(6) Administering dosages of radioactive drugs to patients or human research subjects			
(7) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclide purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License #</u>	<u>Date and/or Clock Hours of Experience</u>
F-18	Positron Emission Tomography (P.E.T.)				
Ga-67	Abscess Tumor Imaging				
I-123	Thyroid Imaging				
I-125 or I-131	Diagnosis of Thyroid Function				
I-125 or I-131	Liver Function Studies				
I-125 or I-131	Kidney Function Studies				
I-125	Detection of Thrombosis				
I-131	Diagnosis of Thyroid Function				
In-111	Cisternography				
Mo-99/Tc-99m	Radiopharmaceutical Preparation - Generator				
P-32	Eye Tumor Localization				
Se-75	Pancreas Imaging				
Sn-113/In-113m	Radiopharmaceutical Preparation – Generator				
Tc-99m	Radiopharmaceutical Preparation – Reagent Kits				
Tc-99m	Brain Imaging				
Tc-99m	Cardiac Imaging				
Tc-99m	Hepatobiliary Imaging				
Tc-99m	Thyroid Imaging				
Tc-99m	Salivary Gland Imaging				
Tc-99m	Blood Pool Imaging				
Tc-99m	Placenta Localization				
Tc-99m	Liver and Spleen Imaging				
Tc-99m	Lung Imaging				
Tc-99m	Bone Imaging				
Tl-201	Cardiac Imaging				
Yb-169	Cisternography				
Xe-133	Blood Flow Studies and Pulmonary Function Studies				
Other					

7. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

9. Supervising Individual – Identification and Qualifications	
<p>The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-047 or 7-051 and 7-047.03, Item 1.b.(7) (if more than one supervising individual is needed to meet requirements in 180 NAC 7-047, provide the following information for each):</p> <p>Name of Supervisor/Authorized User _____</p>	
A. The supervisor meets requirements of:	for medical uses in
<input type="checkbox"/> 180 NAC 7-047 Training for Imaging and Localization Studies or	<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required
<input type="checkbox"/> 180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required and	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required
<input type="checkbox"/> 180 NAC 7-047.03, Item 1.b.(7) Work experience with eluting generator systems appropriate for preparation of radioactive drugs	
C. Authorized User on Radioactive Material License Number:	C. Licensee Name: Licensee Address:

9. Preceptor Attestation (180 NAC 7-047.03, Item 2)		
Note: <i>The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.</i>		
I attest that _____ (name of individual named in Item 1):		
A. <input type="checkbox"/> has satisfactorily completed the requirements of:		
<input type="checkbox"/> 180 NAC 7-047.01, Item 1. as documented in this application; or <input type="checkbox"/> 180 NAC 7-047.03, Item 1. as documented in this application.		
B. <input type="checkbox"/> has achieved a level of competency sufficient to function independently as a Authorized User for uses authorized for the medical uses in 180 NAC 7-041 and 7-044		
C. I am a		
<input type="checkbox"/> Authorized User		
I meet the requirements of:		<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-047 Training for Imaging and Localization Studies or	<input type="checkbox"/> 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required	
<input type="checkbox"/> 180 NAC 7-047.03, Item 1.b.(7) Work experience with eluting generator systems appropriate for preparation of radioactive drugs and		
<input type="checkbox"/> 180 NAC 7-051 Training for Unsealed Radioactive Material for Which a Written Directive is Required	<input type="checkbox"/> 180 NAC 7-048.01 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
D. Preceptor on Radioactive Material License #:	E. Licensee Name: Licensee Address:	
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
 Medical
NRH-7A

**Medical Use Training & Experience
 and Preceptor Statement
 for**

Authorized User

180 NAC 7-051 – Training for Unsealed Radioactive Material for Which a Written Directive is Required

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. Authorization for Authorized User of 180 NAC 7-051

Select a Training Pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-051.

Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-051 Training for use of unsealed radioactive material for which a written directive is required

- Certification – 180 NAC 7-051.01**
 - k. Provide a copy of the board certification and complete Item 4 and
 - l. Provide completed Preceptor Attestation, Item 8.
- Training and Experience – 180 NAC 7-051.02**
 - a. 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material requiring a written directive, and
 - b. Complete Items 5 and 6 (or provide documents of the 700 hours of training and experience) and
 - c. Complete Item 7, and
 - d. Provide completed Preceptor Attestation, Item 8.

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 200 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Chemistry of Radioactive Material for Medical Use			
Radiation Biology			

6. Work Experience: (minimum 500 hours)			
6.A. Work Experience Under the supervision of an authorized user who meets the requirements in 180 NAC 7-051 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements. A supervising authorized user, who meets the requirements in 180 NAC 7-051.02, must have experience in administering dosages in the same category or categories as the individual requesting authorized user status. The work experience must involve: (180 NAC 7-051.02, Item 1.b.).			
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(1) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys			
(2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
(3) Calculating, measuring and safely preparing patient or human research subject dosages.			
(4) Using administrative controls to prevent a misadministration involving the use of unsealed radioactive material			
(5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures			
(6) Administering dosages of radioactive drugs to patients or human research subjects involving a minimum of three cases in each of the following categories for which the individual is requesting authorized user status			
(a) Oral administration of less than or equal to 1.22 Gbq (33 mCi) of sodium iodide I-131, for which a written directive is required			
(b) Oral administration of greater than 1.22 Bbq (33 mCi) of sodium iodide I-131			

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(c) Parenteral administration of any beta emitter or a photon emitting radionuclide with a proton energy less than 150 keV, for which a written directive is required; and/or			
(d) Parenteral administration of any other radionuclide for which a written directive is required			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)

Isotope	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Radioactive Materials License Number	Date and/or Clock Hours of Experience

6.C. Formal Training

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

7. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-051.02, must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status. (If more than one supervising individual is needed to meet requirements in 180 NAC 7-051, provide the following information for each):

Name of Supervisor/Authorized User _____

A. Supervisor meets requirements of:	<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-051 Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required If the supervising user meets the requirements of 180 NAC 7-051.02, the supervisor must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status: <input type="checkbox"/> (a) Oral administration of less than or equal to 1.22 Gbq (33 mCi) or sodium iodide I-131, for which a written directive is required; <input type="checkbox"/> (b) Oral administration of greater than 1.22 Gbq (33 mCi) of sodium iodide I-131. NOTE: Experience with at least 3 cases in this item also satisfies the requirement of (a) above; <input type="checkbox"/> (c) Parenteral administration of any beta emitter or a photon-emitting radionuclide with a photon energy less than 5 keV, for which a written directive is required; and/or <input type="checkbox"/> (d) Parenteral administration of any other radionuclide for which a written directive is required.	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required
B. Authorized User on Radioactive Material License Number:	C. Licensee Name: Licensee Address:

8 PRECEPTOR ATTESTATION (180 NAC 7-051.03)

Note: *The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.*

I attest that _____ (name of individual named in Item 1):

A. has satisfactorily completed the requirements of:

- 180 NAC 7-051.01, Item 1. and 7-051.02, Item 1.b.(6) as documented in this application **or**
- 180 NAC 7-051.02, Item 1. as documented in this application.

B. has achieved a level of competency sufficient to function independently as a Authorized User for the medical uses in 180 NAC 7-048.

C. I am a

Authorized User

Note: The preceptor authorized user, who meets the requirement in 180 NAC 7-051.02 must have experience in administering dosages in the same dosage category or categories as the authorized user status.

I meet the requirements of:

for medical uses in

180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required

- 180 NAC 7-051.01, Item 1; and
- 180 NAC 7-051.02, Item 1.b.(6)

(a) Oral administration of less than or equal to 1.22 Gbq (33 mCi) or sodium iodide I-131, for which a written directive is required;

(b) Oral administration of greater than 1.22 Gbq (33 mCi) of sodium iodide I-131.

NOTE: Experience with at least 3 cases in this Item also satisfies the requirement of (a) above;

(c) Parenteral administration of any beta emitter or a photon-emitting radionuclide with a photon energy less than 5 keV, for which a written directive is required; and/or

(d) Parenteral administration of any other radionuclide for which a written

or

180 NAC 7-051.02, Item 1

180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required

D. Authorized User on Radioactive Material License Number:

E. Licensee Name:
Licensee Address:

Name of Preceptor (type or print clearly)

Signature --Preceptor

Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
 Medical
 NRH-7A

**Medical Use Training & Experience
 and Preceptor Statement
 for**

Authorized User

180 NAC 7-052 – Training for the Oral Administration of Sodium Iodide I-131 in Quantities Less than 1.22 Gbq (33 mCi) for which a Written Directive is Required

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. **Authorization for Authorized User of 180 NAC 7-052**

Select a Training Pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-052.
 Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-052 Training for use of unsealed radioactive material for which a written directive is required

- Certification** – 180 NAC 7-052.01
 - m. Provide a copy of the board certification and complete Item 4; and
 - n. Provide completed Preceptor Attestation, Item 9.
- Is an authorized user under 180 NAC 7-051.01, and 7-051.02 for uses listed in 180 NAC 7-051.02, Item 1.b. (6)(a) or (b), 7-053, or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements – 180 NAC 7-052.02**
 Provide a copy of the license with the application.
- Training and Experience** – 180 NAC 7-052.03
 - a. 80 hours of classroom and laboratory training applicable to the medical use of sodium iodine I-131 for procedures requiring a written directive and work experience listed in Item 5; and
 - b. Complete Items 5, 6, and 7 (or provide documents of the training); and
 - c. Complete Item 8; and
 - d. Provide completed Preceptor Attestation, Item 9.

4. **Certification**

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 80 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Chemistry of Radioactive Material for Medical Use			
Radiation Biology			

6. Work Experience:			
6.A. Work Experience Under the supervision of an authorized user who meets the requirements in 180 NAC 7-051.01, 7-051.02, 7-052, 7-053 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements. A supervising authorized user, who meets the requirements in 180 NAC 7-051.02, must have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b.(6) (a) or (b). The work experience must involve: (180 NAC 7-052.03, Item 2.).			
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(1) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys			
(2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
(3) Calculating, measuring and safely preparing patient or human research subject dosages;.			
(4) Using administrative controls to prevent a misadministration involving the use of unsealed radioactive material			
(5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures			
(6) Administering dosages to patients or human research subjects, that includes at least 3 cases involving the oral administration of less than or equal to 1.22 Gbq (33 mCi) of sodium iodine I-131			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
Isotope	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Radioactive Materials License Number	Date and/or Clock Hours of Experience
I-131	Treatment of Hyperthyroidism or cardiac dysfunction				
Other					

7. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

8. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-051.01, 7-051.02, 7-052, 7-053, or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements. A supervising authorized user who meets the requirements in 180 NAC 7-051.02, must have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b. (6)(a) or (b). (If more than one supervising individual is needed to meet requirements in 180 NAC 7-052, provide the following information for each):

Name of Supervisor/Authorized User _____

A. Supervisor meets requirements of:		<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-051.01 or	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
<input type="checkbox"/> 180 NAC 7-051.02 or		
<input type="checkbox"/> 180 NAC 7-052 Training for Oral Administration of Sodium Iodine I-131 in Quantities Less Than or Equal to 1.22 Gigabecquerls (33 Millicuries) for Which a Written Directive is Required OR		
<input type="checkbox"/> 180 NAC 7-053 Training for Oral Administration of Sodium Iodine I-131 in Quantities Greater Than 1.22 Gigabecquerls (33 Millicuries) for Which a Written Directive is Required		

B. Authorized User on Radioactive Material License Number:	C. Licensee Name: Licensee Address:
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9. PRECEPTOR ATTESTATION (180 NAC 7-052.04) Note: <i>The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.</i>		
I attest that _____ (name of individual named in Item 1):		
A. <input type="checkbox"/> has satisfactorily completed the requirements of 180 NAC 7-052.03, Item 1 and 2		
B. <input type="checkbox"/> has achieved a level of competency sufficient to function independently as a Authorized User for the medical uses in 180 NAC 7-048.		
C. I am a <input type="checkbox"/> Authorized User Note: The preceptor authorized user, who meets the requirement in 180 NAC 7-051.02 must have experience in administering dosages as specified in 180 NAC 7-051, Item 1.b.(6)(a) or (b).		
I meet the requirements of:		<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required, including or <input type="checkbox"/> 180 NAC 7-052 Training for Oral Administration of Sodium Iodine I-131 in Quantities Less Than or Equal to 1.22 Gigabecquerls (33 Millicuries) for Which a Written Directive is Required or <input type="checkbox"/> 180 NAC 7-053 Training for Oral Administration of Sodium Iodine I-131 in Quantities Greater Than 1.22 Gigabecquerls (33 Millicuries) for Which a Written Directive is Required		<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required
D. Authorized User on Radioactive Material License Number:		E. Licensee Name: Licensee Address:
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
 Medical
NRH-7A

**Medical Use Training & Experience
 and Preceptor Statement
 for**

Authorized User

180 NAC 7-053 – Training for the Oral Administration of Sodium Iodide I-131 in Quantities Greater than 1.22 Gbq (33 mCi) for which a Written Directive is Required

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. Authorization for Authorized user 180 NAC 7-053

Select a Training Pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-053
 Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-053 Training for use of unsealed radioactive material for which a written directive is required

- Certification – 180 NAC 7-053.01**
 - o. Provide a copy of the board certification and complete Item 4 and
 - p. Provide completed Preceptor Attestation, Item 9.
- Is an authorized user under 180 NAC 7-051.01, 7-051.02, for uses listed in 180 NAC 7-051.02, Item 1.b. (6)(b) or equivalent Agreement State or U.S. Nuclear Regulatory Commission requirements – 180 NAC 7-053.02**
 Provide a copy of the license with the application.
- Training and Experience – 180 NAC 7-053.03**
 - a. 80 hours of classroom and laboratory training applicable to the medical use of sodium iodine I-131 for procedures requiring a written directive and work experience listed in Item 5; and
 - b. Complete Items 5, 6 and 7 (or provide documents of the training); and
 - c. Complete Item 8; and
 - d. Provide completed Preceptor Attestation, Item 9.

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 80 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Chemistry of Radioactive Material for Medical Use			
Radiation Biology			

6. Work Experience:			
6.A. Work Experience Under the supervision of an authorized user who meets the requirements in 180 NAC 7-051.01, 7-051.02, 7-053 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements. A supervising authorized user, who meets the requirements in 180 NAC 7-051.02, must have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b.(6)(b). The work experience must involve:(180 NAC 7-053.03, Item 2.).			
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(1) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys			
(2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
(3) Calculating, measuring and safely preparing patient or human research subject dosages;.			
(4) Using administrative controls to prevent a misadministration involving the use of unsealed radioactive material			
(5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures			
(6) Administering dosages to patients or human research subjects, that includes at least 3 cases involving the oral administration of greater than 1.22 Gbq (33 mCi) of sodium iodine I-131;			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
Isotope	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Radioactive Materials License Number	Date and/or Clock Hours of Experience
I-131	Treatment of thyroid carcinoma				
Other					

7. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

8. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-051.01, 7-051.02, 7-053 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements. A supervising authorized user who meets the requirements in 180 NAC 7-051.02, must have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b. (6)(b). *(If more than one supervising individual is needed to meet requirements in 180 NAC 7-053, provide the following information for each):*

Name of Supervisor/Authorized User _____

A. Supervisor meets requirements of:		<u>for medical uses in</u>	
<input type="checkbox"/> 180 NAC 7-051.01; or		<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
<input type="checkbox"/> 180 NAC 7-051.02; or			
<input type="checkbox"/> 180 NAC 7-053 Training for Oral Administration of Sodium Iodine I-131 in Quantities Greater Than 1.22 Gigabecquerls (33 Millicuries) for Which a Written Directive is Required			
B. Authorized User on Radioactive Material License Number:		C. Licensee Name: Licensee Address:	

9. PRECEPTOR ATTESTATION (180 NAC 7-053.04)		
Note: <i>The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.</i>		
I attest that _____ (name of individual named in Item 1):		
A. <input type="checkbox"/> has satisfactorily completed the requirements of 180 NAC 7-053.03, Item 1 and 2		
B. <input type="checkbox"/> has achieved a level of competency sufficient to function independently as a Authorized User for the medical uses in 180 NAC 7-048.		
C. I am a <input type="checkbox"/> Authorized User Note: The preceptor authorized user, who meets the requirement in 180 NAC 7-051.02 must have experience in administering dosages as specified in 180 NAC 7-51.02, Item 1.(6)(b).		
I meet the requirements of:		<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required; or <input type="checkbox"/> 180 NAC 7-053 Training for Oral Administration of Sodium Iodine I-131 in Quantities Greater Than 1.22 Gigabecquerls (33 Millicuries) for Which a Written Directive is Required		<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required
D. Authorized User on Radioactive Material License Number:		E. Licensee Name: Licensee Address:
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

Medical
 NRH-7A

Medical Use Training & Experience
 and Preceptor Statement

for

Authorized User

180 NAC 7-054 – Training for Parenteral Administration of Unsealed Radioactive Material
 Requiring Written Directive

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. **Authorization for Authorized User – 180 NAC 70954**

Select a Training Pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-054
 Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-054 Training for use of unsealed radioactive material for which a written directive is required

- Certification – 180 NAC 7-054.03**
 q. Provide a copy of the board certification and complete Item 4; and
 r. Provide completed Preceptor Attestation, Item 9.
- Is an authorized user under 180 NAC 7-051 or equivalent Agreement State or U.S. Nuclear Regulatory Commission requirements – 180 NAC 7-054.01**
- Is an authorized user under 180 NAC 7-063 or 7-084 or equivalent Agreement State or U.S. Nuclear Regulatory Commission requirements – 180 NAC 7-054.02**
 Provide a copy of the license with the application.
- Training and Experience – 180 NAC 7-054.04**
 a. 80 hours of classroom and laboratory training applicable to parenteral administration for which a written directive is required, of any beta emitter or any photon-emitting radionuclide with a photon energy less that 150keV, and/or parenteral administration of any other radionuclide for which a written directive is required. The training must include Items listed in Item 5; and
 b. Complete Items 5, 6, and 7 (or provide documents of the training) and
 c. Complete Item 8, and
 d. Provide completed Preceptor Attestation, Item 9.

4. **Certification**

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 80 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Chemistry of Radioactive Material for Medical Use			
Radiation Biology			

6. Work Experience:			
<p>6.A. Work Experience Under the supervision of an authorized user who meets the requirements in 180 NAC 7-051 or 7-054 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements, in the parenteral administration for which a written directive is required, of any beta emitter or any photon-emitting radionuclide with a photon energy less than 150 keV and/or parenteral administration of any other radionuclide for which a written directive is required. A supervising authorized user, who meets the requirements in 180 NAC 7-051, must have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b.(6)(c) and/or(d). The work experience must involve:(180 NAC 7-054.04, Item 2.).</p>			
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(1) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys			
(2) Performing quality control procedures on instruments used to determine the activity of dosages, and performing checks for proper operation of survey meters			
(3) Calculating, measuring, and safely preparing patient or human research subject dosages.			
(4) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material			
(5) Using procedures to contain spilled radioactive material safely, and using proper decontamination procedures			
(6) Administering dosages to patients or human research subjects, that includes at least three cases involving the parenteral administration, for which a written directive is required, of any beta emitter or any photon-emitting radionuclide with a photon energy less than 150 keV and/or at least three cases involving the parenteral administration of any other radionuclide, for which a written directive is required;			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
Isotope	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Radioactive Materials License Number	Date and/or Clock Hours of Experience
P-32 (Soluble)	Treatment of Polycythemia Vera, Leukemia, and Bone Metastases				
P-32 (Colloidal)	Intracavitary Treatment				
Sr-89	Bone Metastases and Pain				
Other					

7. Formal Training			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

8. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-051 or 7-054 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements. A supervising authorized user who meets the requirements in 180 NAC 7-051, must have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b. (6)(c) and/or (d). (If more than one supervising individual is needed to meet requirements in 180 NAC 7-054, provide the following information for each):

Name of Supervisor/Authorized User _____

A. Supervisor meets requirements of:	for medical uses in
<input type="checkbox"/> 180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required and Have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b.(6)(c) and/or (d)	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required
<input type="checkbox"/> 180 NAC 7-054 Training for the Parenteral Administration of Unsealed Radioactive Material Requiring Written Directive	

B. Authorized User on Radioactive Material License Number:	C. Licensee Name: Licensee Address:
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9. PRECEPTOR ATTESTATION (180 NAC 7-054.04, Item 3)		
Note: <i>The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.</i>		
I attest that _____ (name of individual named in Item 1):		
A. <input type="checkbox"/> has satisfactorily completed the requirements of 180 NAC 7-054.02 or 7-054.03.		
B. <input type="checkbox"/> has achieved a level of competency sufficient to function independently as a Authorized User for an authorized user who meets the requirement in 180 NAC 7-51 and 7-054.		
C. I am a		
<input type="checkbox"/> Authorized User		
Note: The preceptor authorized user, who meets the requirement in 180 NAC 7-051.02 must have experience in administering dosages as specified in 180 NAC 7051.02, Item 1.(6)(b).		
I meet the requirements of:		<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-051 Training for use of Unsealed Radioactive material for Which a Written Directive is Required or	<input type="checkbox"/> 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required	
<input type="checkbox"/> 180 NAC 7-054 Training for the Parenteral Administration of Unsealed Radioactive Material Requiring Written Directive		
D. Authorized User on Radioactive Material License Number:	E. Licensee Name: Licensee Address:	
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

Medical
 NRH-7A

**Medical Use Training & Experience
 and Preceptor Statement
 for**

Authorized User

180 NAC 7-063 – Training for the Use of Manual Brachytherapy Sources

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. Authorization for Authorized user 180 NAC 7-063

Select a Training Pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-063
 Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-063 Training for use of manual brachytherapy sources

- Certification – 180 NAC 7-063.01**
 - s. Provide a copy of the board certification and complete Item 4 and
 - t. Provide completed Preceptor Attestation, Item 9.
- Training and Experience – 180 NAC 7-063.02**
 - a. 200 hours of classroom and laboratory training and 500 hours of work experience which includes items listed in Item 5 and Item 6; and
 - b. Completed three years of supervised clinical experience in radiation oncology, under an authorized user who meets the requirement in 180 NAC 7-063 or equivalent U.S. Nuclear Regulatory or Agreement Sate requirements, as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeon of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association.
 - c. Complete Items 5, 6 and 7 (or provide documents of the training) and
 - d. Complete Item 8, and
 - e. Provide completed Preceptor Attestation, Item 9.

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (200 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Radiation Biology			

6. Work Experience: (500 hours)			
6.A. Work Experience Under the supervision of an authorized user who meets the requirements in 180 NAC 7-063 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements at a medical institution. The work experience must involve:(180 NAC 7-063.02, Item 1.(b)).			
<u>Description of Experience</u>	<u>Name of Supervising Individual(s)</u>	<u>Location and Corresponding Materials License Number</u>	<u>Dates and/or Clock Hours of Experience</u>
(1) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys			
(2) Checking survey meters for proper operation			
(3) Preparing, implanting, and removing brachytherapy sources.			
(4) Maintaining running inventories of material on hand;			
(5) Using administrative Control to prevent misadministration involving the use of radioactive material			
(6) Using emergency procedures to control radioactive material and			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License Number</u>	<u>Date and/or Clock Hours of Experience</u>
I-125	Interstitial Treatment				
Ir-192	Cisternography				
Pd-193	Interstitial Treatments				
Ra-226	Interstitial, Intercavitary or Topical Treatment				
Other					

7. Formal Training Has completed three years of supervised clinical experience in radiation oncology, under an authorized user who meets the requirements in 180 NAC 7-063 or equivalent U.S. Nuclear Regulatory or Agreement State requirements, as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by 180 NAC 7-063.02, Item 1.b.			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)
8. Supervising Individual – Identification and Qualifications The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-063 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements, as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by 180 NAC 7-063.02, Item 1.b;.. (If more than one supervising individual is needed to meet requirements in 180 NAC 7-063, provide the following information for each): Name of Supervisor/Authorized User _____			
A. Supervisor meets requirements of: <input type="checkbox"/> 180 NAC 7-063.01, or <input type="checkbox"/> 180 NAC 7-063.02		for medical uses in <input type="checkbox"/> 180 NAC 7-064 for Use of Sources for Manual Brachytherapy	
B. Authorized User on Radioactive Material License Number:		C. Licensee Name: Licensee Address:	

9. PRECEPTOR ATTESTATION (180 NAC 7-063.02, Item 3)		
Note: <i>The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.</i>		
I attest that _____ (name of individual named in Item 1):		
A. <input type="checkbox"/> has satisfactorily completed the requirements of:		
<input type="checkbox"/> 180 NAC 7-063.01 or		
<input type="checkbox"/> 180 NAC 7-063.02		
B. <input type="checkbox"/> has achieved a level of competency sufficient to function independently as a Authorized User of manual brachytherapy sources for the medical uses authorized under 180 NAC 7-055.		
C. I am a		
<input type="checkbox"/> Authorized User		
I meet the requirements of:		<u>for medical uses in</u>
<input type="checkbox"/> 180 NAC 7-063.01; or	<input type="checkbox"/> 180 NAC 7-055 Use of Sealed Sources for Manual Brachytherapy	
<input type="checkbox"/> 180 NAC 7-063.02		
D. Authorized User on Radioactive Material License Number:	E. Licensee Name: Licensee Address:	
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
 Medical
NRH-7A
Medical Use Training & Experience
and Preceptor Statement
 for
Authorized User
180 NAC 7-064 – Training for Ophthalmic Use of Strontium-90

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. Authorization for Authorized User 180 NAC-064

Select a Training Pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-064

Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-064 Training for ophthalmic use of Strontium 90

- Authorized user under 180 NAC 7-063** or equivalent U.S. Nuclear Regulatory or Agreement State requirements (180 NAC 7-064.01
- Training and Experience – 180 NAC 7-064.02**
- a. 4 hours of classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy and supervised clinical training in ophthalmic radiotherapy which includes items listed in Item 5; and
 - b. Complete Items 5, 6, and 7 (or provide documents of the training) and
 - c. Complete Item 8, and
 - d. Provide completed Preceptor Attestation, Item 9.

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training:			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Radiation Biology			

6. Work Experience:			
6.A. Work Experience – Supervised clinical training in ophthalmic radiotherapy under the supervision of an authorized user at a medical institution, clinic or private practice that includes the use of strontium-90 for the ophthalmic treatment of five individuals. (180 NAC 7-064.02).			
<u>Description of Experience</u>	<u>Name of Supervising Individual(s)</u>	<u>Location and Corresponding Materials License Number</u>	<u>Dates and/or Clock Hours of Experience</u>
(1) Examination of each individual to be treated;			
(2) Calculation of the dose to be administer;			
(3) Administration of the dose;			
(4) Follow up and review of each individual's case history;;			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License Number</u>	<u>Date and/or Clock Hours of Experience</u>
Sr-90	Treatment of Eye Disease				
Other					

7. Formal Training			
<u>Degree, Area of Study or Residency Program</u>	<u>Name of Program and Location with Corresponding Material License Number</u>	<u>Dates</u>	<u>Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)</u>

8. Supervising Individual – Identification and Qualifications The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-063 or 7-064 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements. (If more than one supervising individual is needed to meet requirements in 180 NAC 7-064, provide the following information for each): Name of Supervisor/Authorized User _____		
A. Supervisor meets requirements of: <input type="checkbox"/> 180 NAC 7-063 Training for the Use of Manual Brachytherapy Sources or <input type="checkbox"/> 180 NAC 7-064 Training for Ophthalmic Use of Strontium 90	<u>for medical uses in</u> <input type="checkbox"/> 180 NAC 7-055 for Use of Sources for Manual Brachytherapy	
B. Authorized User on Radioactive Material License Number:	C. Licensee Name: Licensee Address:	
9. PRECEPTOR ATTESTATION (180 NAC 7-064.02, Item 3) Note: The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.		
I attest that _____ (name of individual named in Item 1):		
A. <input type="checkbox"/> has satisfactorily completed the requirements of: <input type="checkbox"/> 180 NAC 7-064.01 <input type="checkbox"/> 180 NAC 7-064.02		
B. <input type="checkbox"/> has achieved a level of competency sufficient to function independently as a Authorized User of strontium 90 for ophthalmic use.		
C. I am a <input type="checkbox"/> Authorized User		
I meet the requirements of: <input type="checkbox"/> 180 NAC 7-063; or <input type="checkbox"/> 180 NAC 7-064	<u>for medical uses in</u> <input type="checkbox"/> 180 NAC 7-055 Use of Sealed Sources for Manual Brachytherapy	
D. Authorized User on Radioactive Material License Number:	E. Licensee Name: Licensee Address:	
Name of Preceptor (type or print clearly)	Signature --Preceptor	Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
 Medical
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Medical Use Training & Experience
and Preceptor Statement
 for
Authorized User
180 NAC 7-066 – Training for the Use of Sealed Sources for Diagnosis

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- d. Select a training pathway in Item 3 and
- e. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. Authorization for Authorized User – 180 NAC 7-066

Select a Training Pathway Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-066
 Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-066 Training for use of manual brachytherapy sources

- Certification** – 180 NAC 7-066.01
 - u. Provide a copy of the board certification and complete Item 4.
- Training and Experience** – 180 NAC 7-066.02 and 7-066.03
 - a. 8 hours of classroom and laboratory training in basic radionuclide handling techniques which includes items listed in Item 5 and
 - b. Completed training in the use of the device for the uses requested; and
 - c. Complete Items 5 and 6 (or provide documents of the training).

4. Certification

<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 8 hours) (180 NAC 7-066.02)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Radiation Biology			

6. Training in the use of the device for the uses requested (180 NAC 7-066.03):		
Training Element	Type of Training	Location and Dates

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

Medical
NRH-7A

Medical Use Training & Experience
and Preceptor Statement
for

Authorized User

180 NAC 7-084 – Training for the Use of Remote Afterloader Units, therapy Units, and Gamma Stereotactic Radiosurgery Units

Note: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

All Authorized Users will need to complete items:

- a. 1 & 2 on this page and
- b. Select a training pathway in Item 3 and
- c. Complete and submit items requested in Item 3.

1. **Name of Individual:** _____
Address: _____
Telephone Number: _____ **FAX Number:** _____
E-Mail Address: _____

2. **Physician's Nebraska License #** _____

3. **Authorization for Authorized User 180 NAC 7-084**

Select a Training Pathway. Please check one of the three items below. Then complete and submit items requested.

180 NAC 7-026.02 Provisions for Experienced Authorized Users

- A physician identified as a authorized user per 180 NAC 7-026.02, on a Agreement State or NRC license before the (effective date of these regulations) who perform only those medical use for which they were authorized on that date need not comply with the training requirements of 180 NAC 7-084
- Provide a copy of the license or a permit (if issued by the U.S. Nuclear Regulatory Commission or Agreement State) or a copy of a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by a U.S. Nuclear Regulatory Commission or Agreement State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on which the physician was specifically name as an AU for the uses requested.

180 NAC 7-084 Training for use of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units

- Certification** – 180 NAC 7-084.01
- v. Provide a copy of the board certification and complete Item 4 and
 - w. Provide completed Preceptor Attestation, Item 9.
- Training and Experience** – 180 NAC 7-063.02
- a. 200 hours of classroom and laboratory training and 500 hours of work experience which includes items listed in Item 5 and item 6; and
 - b. 500 hours of work experience under the supervision of an authorized user who meets the requirements in 180 NAC 7-084.01, 7-084.02 or equivalent U.S. Nuclear Regulatory Commission or Agreement State; and
 - c. Completed three years of supervised clinical experience in radiation therapy, under an authorized user who meets the requirement in 180 NAC 7-084, or equivalent U.S. Nuclear Regulatory or Agreement State requirements, as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeon of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association; and
 - d. Complete Items 5, 6, and 8 (or provide documents of the training) and
 - e. Complete Item 8; and
 - f. Provide completed Preceptor Attestation, Item 9.

4. Certification		
<u>Specialty Board</u>	<u>Category</u>	<u>Month and Year Certified</u>

5. Classroom and laboratory training: (minimum 200 hours)			
	<u>Location and Dates of Training</u>	<u>Dates of Training</u>	<u>Clock Hours in Lecture or Laboratory</u>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of radioactivity			
Radiation Biology			

6. Work Experience: (minimum 500 hours)			
6.A. Work Experience Under the supervision of an authorized user who meet the requirements of 180 NAC 7-084.01, 7-084.02 or equivalent U.S. Nuclear Regulatory or Agreement State requirements:(180 NAC 7-084.02, Item 1.).			
<u>Description of Experience</u>	<u>Name of Supervising Individual(s)</u>	<u>Location and Corresponding Materials License Number</u>	<u>Dates and/or Clock Hours of Experience</u>
(1) Reviewing full calibration measurements and periodic spot-checks;			
(2) Preparing treatment plans and calculating treatment doses and times			
(3) Using administrative Control to prevent misadministration involving the use of radioactive material a.			
(4) Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console;			
(5) Checking and using survey meters; and			
(6) Selecting the proper dose and how it is to be administered;			

6.B. Supervised Clinical Experience (describe experience elements in 6.A.)					
<u>Isotope</u>	<u>Type of Use</u>	<u>No. of Cases Involving Personal Participation</u>	<u>Name of Supervising Individual</u>	<u>Location and Corresponding Radioactive Materials License Number</u>	<u>Date and/or Clock Hours of Experience</u>
Co-60	Teletherapy				
Cs-137	Teletherapy				
Ir-192	High Dose Rate Remote Afterloaders				
Other					

6.C. Training in the device operation, safety procedures, and clinical use for the modalities for which authorization is sought.(180 NAC 7-084.04):

Training Element	Type of Training	Location and Dates

7. Formal Training Has completed three years of supervised clinical experience in radiation therapy, under an authorized user who meets the requirements in 180 NAC 7-084 or equivalent U.S. Nuclear Regulatory or Agreement State requirements, as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by 180 NAC 7-084.02, Item 1.b. (180 NAC 7-084.02, Item 2)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Material License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)

8. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of an authorized user, who meets the requirements in 180 NAC 7-084 or equivalent U.S. Nuclear Regulatory Commission or Agreement State requirements, as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by 180 NAC 7-084.02, Item 1.b. (If more than one supervising individual is needed to meet requirements in 180 NAC 7-063, provide the following information for each):

Name of Supervisor/Authorized User _____

A. Supervisor meets requirements of:		for medical uses in	
<input type="checkbox"/> 180 NAC 7-084, Training for Use of Sources in a Remote Afterloader Units, Teletherapy Units, and Gamma Sterotactic Radiosurgery Units	<input type="checkbox"/> 180 NAC 7-067 - Use of Sources in a Remote Afterloader Units, Teletherapy Units, and Gamma Sterotactic Radiosurgery Units		
B. Authorized User on Radioactive Material License Number:		C. Licensee Name: Licensee Address:	

9. PRECEPTOR ATTESTATION (180 NAC 7-084.03)

Note: *The individual's preceptor must complete this part. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.*

I attest that _____ (name of individual named in Item 1):

- A. has satisfactorily completed the requirements of:
- 180 NAC 7-084.01 or
 - 180 NAC 7-084.02, Item 1 and 2; and 7-084.04
- B. has achieved a level of competency sufficient to function independently as a authorized user of each type of therapeutic medical unit for which the individual is requesting authorized user status under 180 NAC 7-084 and
- has received training in device operation, safety procedures and clinical use of the type(s) of use for which authorization is sought.

C. I am a

- Authorized User

I meet the requirements of:

- 180 NAC 7-084; and
- am a authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status

for medical uses in

- 180 NAC 7-055 Use of Sealed Sources for Manual Brachytherapy

D. Authorized User on Radioactive Material License Number:

E. Licensee Name:
 Licensee Address:

Name of Preceptor (type or print clearly)

Signature --Preceptor

Date