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

Specialty Board	Category	Month and Year Certified

5. Classroom and laboratory training

Description of Training	Location of training	Dates of Training	Clock Hours in Lecture or Laboratory

6. Work Experience

6.A. Work Experience with Radiation.

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

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. 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

☐ YES
☐ NA

Completed one year of full-time radiation safety experience (in areas identified in 6.A.) under the supervision of_____ the RSO of License No. _____.

7.B. Medical Physicist

☐ YES
☐ NA

Completed one year of full-time training (in areas identified in 6a) in medical physics under the supervision of _____ who meets the requirements of a authorized medical physicist or meets the requirements for Authorized Medical Physicist.

AND

☐ YES
☐ NA

Completed one year of full-time experience (at location providing radiation therapy services described and for topic 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:

☐ Authorized User ☐ Authorized Medical Physicist

☐ Radiation Safety Officer ☐ 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