Regulatory Guide for Form NRH 7A

Medical Use Training & Experience and Preceptor Statement



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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RG for Form NRH 7A (Rev. 0)

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

Purpose of Guide

This guide is to provide guidance to:

- 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]

 $180\ NAC\ 7\text{-}043$ – 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, them 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. Name of Individual: _ Address:_ Telephone Number: ______FAX Number:____ E-Mail Address:__ 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 #:_ 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 <u>additional authorization</u>, 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 E	xperience			
6.A. Work Expe	rience with Radia	tion.					
Nan Description of Experience		Nan	ne of Supervising Individual(s)	Location and Corre Materials License	esponding Number		nd/or Clock Hours f 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 a Correspon Radioactiv Materials I Number	iding re	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						
Authorized User of remote Training Element			y units, and gamma st Training*	Locations and Dates		
		,,				
*Types of training may include s	supervised didactic, or v	endor tra	aining.			
6.D. Formal Training						
Degree, Area of Study or Residency Program	Name of Program Location with Corresponding Ma License Numbe	n aterial	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)		
	7. One Year Fu	ıll-Time E	Experience and/or Tra	ining		
7.A. Radiation Safety Officer						
☐ YES Completed one year of	full-time radiation safety	y experier	nce (in areas identified	in 6.A.) under the supervision of		
□ NA	the RSC	O of Licen	se No			
7.B. Medical Physicist						
☐ YES Completed one year of f	ull-time training (in area	as identifi	ed in 6a) in medical phy	ysics under the supervision of		
				zed medical physicist or meets the		
requirements for Author			1			
		1A	ND			
☐ YES Completed one year of	full-time experience (at	location p	providing radiation thera	apy services described and for topic		
	who is meets			under the supervision of Medical Physicists (180 NAC 7-023		
(specify use or device)			·			
	8. Supervising Individ					
individual is needed to meet r				of (if more than one supervising formation for each):		
8.A. Name of Supervisor	8.E	B . Super	visor is:			
		☐ Auth	orized User	☐ Authorized Medical Physicist		
		Radi	iation Safety Officer	☐ Authorized Nuclear Pharmacist		
8.C . The supervisor meets the	requirements of 180 NA	AC 7		for medical uses in 180 NAC 7-		
8.D. Authorized User on Radio Number:	active Material License		8.E. Licensee Name: Licensee Address	5:		

	SUPPLEMENT A Medical Use Training and Experience and Preceptor Attestation Part 2—Preceptor Attestation							
Not	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:							
	Name of Preceptor (type or print clearly) SignaturePreceptor 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.

RG for Form NRH 7A (Rev. 1)

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

Not			ption of training and experience must contain sufficient detail to match the training and experience criteria in the able regulations.
The			Safety Officer will need to complete Items:
	a b	. 8	& 2 on this page and select a training pathway in Item 3 and
	С	. С	complete and submit items requested in Item 3.
1.			of Individual:
		ldres	
			one Number: FAX Number: Address:
2.	ļş	the i	ndividual a physician or pharmacist who is licensed to dispense drugs in the practice of medicine in ka?
	N€		ka? S (If Yes, list the Nebraska Medical or Pharmacist License #) License #:
	П	NO	,
		140	
3.			ization for Radiation Safety Officer
Sele			ning Pathway. Please check one of the five items below. Then complete and submit items requested.
	180		7-026.01 Provisions for Experienced Radiation Safety Officer
			adiation safety officer on a Agreement State or NRC license that authorizes medical use before the (effective date of se 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.
	18	0 NA	C 7-022 Training for Radiation Safety Officer
		Cer	tification – 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.
		Tra	ining 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 N	ledical 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, ltem 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:				
Specialty Board	<u>Category</u>		Month and Ye	ear Certified
5. Classroom and laboratory tra	,	,		
	Location and Dates	s of Training D	ates of Training	Clock Hours in Lecture or Laboratory
Radiation Physics and Instrumentation				
Radiation Protection				
Mathematics Pertaining to the Uand Measurement of radioactivity				
Radiation Biology				
Radiation dosimetry				
6. Work Experience: (1 year)				
6.A. Work Experience Under the s Regulatory Commission or Agr involving: (180 NAC 7-022.02,	eement State license that a			
Description of Experience	Name of Supervising Individual(s)	Location and Corr Materials License		Pates 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	d Clinical Exp	erience (de	escribe experience e	lements in 6.A.)			
<u>Isotope</u>	Type of Use		No. of Cases Involing Personal Participation	Name of Supervising Individual	Location and Corresponding Radioactive Materials License Number	Date and/or Clock Hours of Experience	
		-					
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.							
Traini	Training Element		Type of	Training*	Locations	and Dates	
Radiation Safety							
Regula	atory Issues						
Emergency Procedures		}					
*Types of training	may include (our parvisor d	didactic, or vendor tra	ining			
6.D. Formal Tra		superviseu	ildactic, or veridor tra	ining.			
		Name	of Program and	Dates	Name of Organiza	tion that Approved	
Residency Program L Corres		Lo Corres	ponding Material ense Number	2	the Program (e.g Council for Gra Education and	g., Accreditation aduate Medical the Applicable ation)	
7. Radiation S	afety Officer	(RSO) – Or	ne Year Full-Time Ex	perience			
☐ YES Comple	ted one year o	of full-time r	adiation safety experi	ence (in areas identif	ied in 6.A.) under super	vision 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. Superviso	-					
	☐ Authorized	ed User					
	☐ Radiation	on Safety Officer					
C. Supervisor meets requirements of:		for medical uses in					
☐ 180 NAC 7-022 Radiation Safety C	Officer						
☐ 180 NAC 7-023 Authorized Medica	ıl Physicist						
☐ 180 NAC 7-024 Authorized Nuclear	· Pharmacist						
 180 NAC 7-043 Training for Uptake and Excretion Studies 	and Dilution,	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 Imagine Localization Studies	g and	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 7-051Training for use of L Radioactive material for Which a W 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-13 Quantities Less than 1.22 Gbq (33 which a Written Directive is Require 	31 in mCi) for						
☐ 180 NAC 7-053 Training for the Ora Administration of Sodium Iodine I10 Quantities Greater than 1.22 Gbq (3 Which a Written Directive is Require	031 in 33 mCi) for						
☐ 180 NAC 7-054 Training for the Par Administration of Unsealed Radioad Requiring Written Directive							
☐ 180 NAC7-063 Training for the Use Brachytherapy Sources	of Manual	180 NAC 7-055 for Use of sources for Manual Brachytherapy					
☐ 180 NAC 7-064 Training for Opthalr Strontium 90	mic Use of						
☐ 180 NAC7-066 Training for Use of S Sources for Diagnosis	Sealed	180 NAC 7-065 Use of Sealed Sources for Diagnosis					
 180 NAC 7-084 Training for use of I Afterloader Units, and Gamma Ster 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 I Number:	License E	E. Licensee Name: Licensee Address:					

9. Preceptor Attestation							
Note: The individual's preceptor must complete this obtain a separate preceptor statement from ea		ore t	han one preceptor is necessary t	o document experience,			
I attest that			(name of	individual named in Item 1):			
A. has satisfactorily completed the requirements in:	:						
\square 180 NAC 7-022.01, Item 1.a. and b. as docum	nented in th	his a	application or				
\square 180 NAC 7-022.01, Item 2.a. and b. as docu	ımented in	this	application or				
\square 180 NAC 7-022.02, Item 1. as documented in	this applic	catio	n or				
\square 180 NAC 7-022.03, Item 1. or 2. as document	ted in this a	appl	ication.				
B \square has achieved a level of radiation safety knowled for a medical use licensee; (180 NAC 7-022.04)	ledge suffi	icien	nt to function independently as a F	Radiation Safety Officer			
C. \square 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	ed Medical	Phy	rsicist				
☐ Radiation Safety Officer ☐ Authorized	☐ Radiation Safety Officer ☐ Authorized Nuclear Pharmacist						
I meet the requirements of:			for medical uses	<u>in</u>			
☐ 180 NAC 7-022 Radiation Safety Officer							
☐ 180 NAC 7-023 Authorized Medical Physi	icist						
☐ 180 NAC 7-024 Authorized Nuclear Pharm	nacist						
 180 NAC 7-043 Training for Uptake and D and Excretion Studies 							
 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 7-051Training for use of Unseale Radioactive material for Which a Written Directive is Required 	ed		180 NAC 7-048 for Use of Unse Material for Which a Written Dire				
180 NAC 7-052 Training for the Oral Administration of Sodium Iodide I-131 in Quantities Less than 1.22 Gbq (33 mCi) fo which a Written Directive is Required	or						
180 NAC 7-053 Training for the Oral Administration of Sodium Iodine I1031 in Quantities Greater than 1.22 Gbq (33 mCi) Which a Written Directive is Required	i) for						
 180 NAC 7-054 Training for the Parenteral Administration of Unsealed Radioactivd Management Requiring Written Directive 							
180 NAC7-063 Training for the Use of Mar Brachytherapy Sources	nual		180 NAC 7-055 for Use of source Brachytherapy	es for Manual			
 180 NAC 7-064 Training for Opthalmic Use Strontium 90 	se of						
 180 NAC7-066 Training for Use of Sealed Sources for Diagnosis 	I		180 NAC 7-065 Use of Sealed S	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 S Afterloader Units, Teletherapy U Stereotactic Radiosurgery Units	Inits, and Gamma			
E. Preceptor on Radioactive Material License #:		F.	Licensee Name: Licensee Address:				
Name of Preceptor (type or print clearly) Signature	ePrecep	tor		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

	cription of training and experient cable regulations.	ce must contain sufficient detail to match the	training and experience criteria in the			
	zed Users will need to complete	items:				
A. 1 B. 9	& 2 on this page and Select a training pathway in Item	3 and				
C. C	Complete and submit Items requ	ested in Item 3.				
1. Nam	e of Individual:					
		FAX Number:				
E-Ma	ail Address:					
2. Is the	individual a physician or pha	rmacist who is licensed to dispense drug	s in the practice of medicine in			
		Medical or Pharmacist License #) License #:				
	NO					
3. Autho	orization for Medical Physicist					
Select a tr	aining pathway. Please check	c one of the three items below. Then com	plete and submit items requested.			
		Experienced Authorized Medical Physicis				
		on a Agreement State or NRC license that a not comply with the training requirements of				
	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 Author	rized Medical Physicist				
	Certification - 180 NAC 7-023.0	· ·				
	c. Provide a copy of the board	certification and complete Item 4; and				
	d. Provide completed Precept	or Attestation, Item 9.				
□ 1	raining and Experience -180 N	NAC 7-023.02				
e	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					
t	o. Item 5 is optional					
c		provide documents of the years training) and	d			
	d. Complete Item 8, and					
6	e. Provide completed Precepto	or Attestation, Item 9.				
4. Certif	ication					
Speci	alty Board	Category	Month and Year Certified			

5. Classroom	and Laboratory	Training	(180 NAC 7-23.02))	Optional				
			and Dates of	Dates of Training			urs in Lecture or	
	_	<u>Fraining</u>				Laborator	У	
Radiation Ph Instrumental								
Radiation Pr	rotection							
Mathematics to the Use a Measuremen	nd							
Radiation Bi	ology							
Chemistry of Radioactive Mate for Medical Use								
OTHER								
OTTLER								
6. Work Exper	ience (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 o	f Experience		e of Supervising Individual(s)	Location and Corresponding D Materials License Number			Dates and/or Clock Hours of Experience	
Performing sealer tests and inventor								
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 Evnerie	ance (des	cribe experience ele	aments in 6 A)				
o.b. oupervised	Omnour Experie	, 100 (ucs	oribe experience en					
<u>Isotope</u>	Type of Use		No. of Cases Involing Personal Participation	Name of Supervising Individual	Location a Correspon Radioactiv Materials I Number	ding e	Date and/or Clock Hours of Experience	
Am-241	Imaging or Bon Mineral Analysi	ne is						
Au-198	Intracavitary Treatment							
Co-60	Interstitial, Intercavitary or Topical Treatm							
Co-60	Teletherapy							
Cs-137	Interstitial, Intercavitary or Topical Treatm							
Cs-137	Teletherapy							

F-18 Positron Emission Ga-67 Absosps Tumor Imaging Gd-153 Ignaging or Bone MinEral Analysis I-123 Ignaging or Bone MinEral Analysis I-125 or I-131 Diagnosis of Thyroid Function I-125 or I-131 Diagnosis of Thyroid Function I-125 or I-131 Every Function Studies I-125 or I-131 Fat Absorption Studies I-125 or I-131 In vitro Studies I-125 Interstitial Treatment I-125 Interstitial Treatment I-125 Imaging or Bone Mindfal Analysis I-131 Diagnosis of Thyroid Function I-131 Treatment of Hyperthyroidism In-111 Cistemography Interstitial Treatment Ir-192 Interstitial Treatment Ir-193 Radiopharmaceutical Experience I-194 Special Treatment Ir-195 Pa-32 (Soluble) Interstitial Treatment Interstiti				Effective Da
Ga-67 Abscess Turnor Imaging Gr Bone Mindraf Analysis I-123 or I-131 Diagnosis of Thyroid Planting Gramman Gra	F-18	Positron Emission Tomography (P.E.T.)		
Gd-153 Imaging or Bone Miniferal Analysis I-125 or I-131 Diagnosis of Thyroid Function Flasma Volume Flasma	Ga-67	Abscess Tumor		
I-125 or I-131	Gd-153			
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 Fat Absorption Studies I-125 or I-131 In vitro Studies I-125 or I-131 In vitro Studies I-125 Interstitial Treatment I-125 Detection of Thrombosis I-125 Interstitial Treatment I-125 Diagnosis of Thyroid Function I-131 Treatment of Hyperthyroidism I-131 Treatment of Hyperthyroidism In-111 Cisternography Ir-192 Interstitial Treatment Ir-192 Interstitial Treatment Ir-192 Refinote Afterioaders Rediopharmaceutical Registration P-32 Eye Tumor Localization P-32 Eye Tumor P-32 Eye Tumor P-32 Eye Tumor P-33 Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-34 Treatment P-4193 Treatment P-4194 Treatment P-4195 Treatment P-4196 Treatment P-4197 Treatment P-4198 Treatment P-4199 Treatment P-4199 Treatment P-4190 Treatment P-4191 Treatment P-4192 Treatment P-4193 Treatment P-4194 Treatment P-4195 Treatment P-4196 Treatment P-4197 Treatment P-4198 Treatment P-4199 Treatment P-4199 Treatment P-4199 Treatment P-4199 Treatment P-4190 Treatment P-4191 Treatment P-4192 Treatment P-4193 Treatment P-4194 Treatment P-4195 Treatment P-4196 Treatment P-4197 Treatme	I-123			
Function 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 or I-131 In vitro Studies I-125 or I-131 In vitro Studies I-125 Interstitial Treatment I-125 Detection of Thrombosis I-125 Interstitial Treatment I-125 Detection of Thrombosis I-126 Imaging or Bone Minéral Analysis I-131 Diagnosis of Thyroid Function I-131 Treatment of Hyperthyroidism I-131 Treatment of Hyperthyroidism I-131 Interstitial Treatment I-192 Interstitial Treatment I-192 Interstitial Treatment I-192 High Dose Rate Renote Afterioaders Radiopharmacoutical perparation P-32 Eye Tumor Localization P-32 Eye Tumor Localization Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-32 Intracavitary Treatment Interstitial Treatment Interstit				
Blood and Blood Plasma Volume I-125 or I-131	1-125 OF 1-131			
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 Interstitial Treatment I-125 Interstitial Treatment I-125 Interstitial Treatment I-126 Interstitial Treatment I-126 Interstitial Treatment I-127 Interstitial Treatment I-128 Interstitial Treatment I-129 Interstitial Treatment Interstitial	I-125 or I-131	Blood and Blood		
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 Mindral Analysis I-131 Diagnosis of Thyroid Function I-131 Treatment of Hyperthyroidism I-131 Cisternography I-192 Interstitial Treatment I-192 Interstitial Treatment I-192 Interstitial Treatment I-193 Radiopharmaceutical Preparation - Generator Eye Tumor Localization I-126 Colloidal Interstitial Treatment I-193 Interstitial Treatment I-194 Interstitial Treatment I-195 Interstitial Treatment I-195 Interstitial Treatment I-195 Interstitial Treatment I-195 Interstitial Treatment Inter	I-125 or I-131			
I-125 or I-131	I-125 or I-131			
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 -	I-125 or I-131	Kidney Function 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 Intersitial Treatment Ir-192 High Dose Rate Remote Afterloaders Mo-99/Tc-99m Badiopharmaceutical greparation - Generator P-32 Eye Tumor Localization P-32 (Soluble) P-32 (Soluble) P-32 (Soluble) P-32 (Intersitial Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-32 (Intercavitary Treatment of Pd-193 Intersitial Treatment of Pd-193 Ra-226 Intercavitary or Topical Treatment Se-75 Pancreas Imaging Radiopharmaceutical Preparation - Radiopharmaceutical Radiopharmaceutical Preparation - Radiopharmaceutical Radiopharmaceutica	I-125 or I-131	In vitro Studies		
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 Remote Afterloaders Mo-99/Tc-99m Peparation Generator P-32 Eye Tumor Localization P-32 (Soluble) Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-32 Intracavitary (Colloidal) Treatment Pd-193 Interstitial Treatments Interstitial Treatments Interstitial Treatments Interstitial Treatments Interstitial Treatment Se-75 Pancreas Imaging Sn-113/lin- Radiopharmaceutical Preparation —	I-125	Interstitial Treatment		
I-131 Diagnosis of Thyroid Function I-131 Treatment of Hyperthyroidism In-111 Cisternography Ir-192 Interstitial Treatment High Dose Rate Remote Afterloaders Mo-99/Tc-99m Badiopharmaceutical Freparation - Generator Generator P-32 Eye Tumor Localization P-32 (Soluble) Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-32 (Colloidal) Treatment Pd-193 Interstitial Treatments Pd-193 Interstitial Treatments Ra-226 Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical Preparation -	I-125			
I-131 Diagnosis of Thyroid Function I-131 Treatment of Hyperthyroidism In-111 Cisternography Ir-192 Interstitial Treatment High Dose Rate Remote Afterloaders Mo-99/Tc-99m Badiopharmaceutical Freparation - Generator Generator P-32 Eye Tumor Localization P-32 (Soluble) Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-32 (Colloidal) Treatment Pd-193 Interstitial Treatments Pd-193 Interstitial Treatments Ra-226 Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical Preparation -	I-125	Imaging or Bone Mineral Analysis		
Hyperthyroidism In-111 Cisternography Ir-192 Interstitial Treatment Ir-192 High Dose Rate Remote Afterloaders Radiopharmaceutical Preparation - Generator Generator Generator P-32 Eye Tumor Localization Eyey Tumor Localization Interstitial Treatment Interstitial Interstitial Interstitial	I-131	Diagnosis of Thyroid		
Ir-192	I-131			
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) Treatment Pd-193 Interstitial Treatments Ra-226 Interstitial Interstitial Interstitial Interstitial Interstitial Interstitial Interstitial Interstitial Intercovitary or Topical Ireatment Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical Preparation —	In-111	Cisternography		
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 Intracavitary Treatment Pd-193 Interstitial Treatments Ra-226 Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical Preparation — Radiopharmaceutical Preparation —				
P-32 (Soluble) Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-32 (Intracavitary Treatment Interstitial Treatments Pd-193 Interstitial Interstitial Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical Preparation —	Ir-192	High Dose Rate Remote Afterloaders		
Localization P-32 (Soluble) Treatment of Polycythemia Vera, Leukemia, and Bone Metastases P-32 Intracavitary (Colloidal) Treatment Pd-193 Interstitial Treatments Ra-226 Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In-113m Radiopharmaceutical Preparation —	Mo-99/Tc-99m	Radiopharmaceutical Preparation - Generator		
Polycythemia Vera, Leukemia, and Bone Metastases P-32 Intracavitary (Colloidal) Treatment Pd-193 Interstitial Treatments Ra-226 Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In- 113m Radiopharmaceutical Preparation —	P-32			
(Colloidal) Treatment Pd-193 Interstitial Treatments Ra-226 Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical 113m Preparation —	P-32 (Soluble)	Polycythemia Vera, Leukemia, and Bone		
Ra-226 Interstitial, Intercavitary or Topical Treatment Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical 113m Preparation —		Treatment		
Se-75 Pancreas Imaging Sn-113/In- Radiopharmaceutical Preparation –	Pd-193			
Sn-113/In- Radiopharmaceutical 113m Preparation –	Ra-226	Intercavitary or Topical Treatment		
113m Preparation –	Se-75	Pancreas Imaging		
		Radiopharmaceutical		
Concrator	113m	Preparation – Generator		
Sr-89 Bone Metastases and Pain	Sr-89			
Sr-90 Treatment of Eye Disease	Sr-90			
Tc-99m Radiopharmaceutical Preparation – Reagent Kits	Tc-99m	Radiopharmaceutical Preparation – Reagent Kits		
Tc-99m Brain Imaging	Tc-99m			

Tc-99m	Cardiac Ima	ging					
Tc-99m	Hepatobiliar	y Imaging					
Tc-99m	Thyroid Imag	ging					
Tc-99m	Salivary Gla Imaging	nd					
Tc-99m	Blood Pool I	maging					
Tc-99m	Placenta Lo	calization					
Tc-99m	Liver and Sp Imaging	leen					
Tc-99m	Lung Imagin	g					
Tc-99m	Bone Imagir	ng					
TI-201	Cardiac Ima	ging					
Yb-169	Cisternograp	ohy					
Xe-133	Blood Flow s and Pulmon Function Stu	ary					
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.							
	aining Element on-device operati	on	i ype or	Training*	Locations	and Dates	
Sat	fety Procedures						
	Clinical Use						
Operation	of a treatment pla system	inning					
6.D. Formal T	•						
Residency Program L Corres			of Program and ocation with ponding Material ense Number	Dates	the Program (e. Council for Gr Education and	tion that Approved g., Accreditation aduate Medical the Applicable lation)	
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						
topic the s	cs identified in Iter supervision of	eted one year of full-time work experience (at location providing radiation therapy services described and for dentified in Item 6.A.) for (specify use or device) who meets requirement or Authorized Medical st (180 NAC 7-023) (specify use or device)					
thera	apy (photons and	electrons v	g and work experience must be conducted in clinical radiation facilities that provide high-energy, external beam (photons and electrons with energies grater than or equal to 1 million electron volts) and brachytherapy is 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:	for medical uses in						
☐ 180 NAC 7-023 Authorized Medical Physicist							
	☐ 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 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required						
	☐ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required						
	☐ 180 NAC 7-055 for Use of sources for Manual Brachytherapy						
	☐ 180 NAC 7-065 Use of Sealed Sources for Diagnosis						
	☐ 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)					
obtain a separate preceptor statement from each.	· · · ·				
I attest that(name	e of individual named in Item 1):				
A. has satisfactorily completed the requirements in:					
\square 180 NAC 7-023.01 Items 1. and 2. and 7-023.04 as do	ocumented in this application or				
\square 180 NAC 7-023.02, Item 1. and 7-023.04 as docume	nted in this application				
B. has training in radiation safety, regulatory issues, and seeks approval, as documented in section 6 of this for	emergency procedures for types of uses for which the licensee m (180 NAC 7-023.03).				
	ficient to function independently as a authorized medical physicist individual is requesting authorized medical physicist status; (180				
D. I am a Authorized Medical Physicist.					
I meet the requirements of: <u>for medical uses in</u>					
☐ 180 NAC 7-023 Authorized Medical Physicist					
	☐ 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 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required				
	☐ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
	☐ 180 NAC 7-055 for Use of sources for Manual Brachytherapy				
	☐ 180 NAC 7-065 Use of Sealed Sources for Diagnosis				
	☐ 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) SignaturePrece	petor 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 c. Complete and submit items requ 	3 and				
1. Name of Individual:					
Address:					
•	FAX Number:				
E-Mail Address:					
2. List your Nebraska Pharmacist Lice	ense #				
3. Authorization for a Nuclear Pharma	ciete				
	cone of the three items below. Then con	polete and submit items requested.			
	Experienced Authorized Nuclear Pharmac	·			
	t on a Agreement State or NRC license that not comply with the training requirements of				
or a copy of a permit issued by a U.S. Nuclear Regulatory Comm Regulatory Commission master	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 Author	ized Nuclear Pharmacist				
☐ Certification – 180 NAC 7-024.0	1				
• • • • • • • • • • • • • • • • • • • •	certification and complete Item 4; and				
f. Provide completed Precept					
□ Training and Experience – 180		avnarianaa			
	laboratory training and supervised practical				
 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	or Attestation, Item 9.				
4. Certification 180 NAC 7-024.01					
Specialty Board	Category	Month and Year Certified			

5. Structured	l Educational Progran	n (180 NAC 7-024.02, It				
		Location and Dates	of Training	Dates of Traini		lock Hours in Lecture Laboratory
Radiation Pl Instrumenta						
Radiation P	rotection					
	s Pertaining to the Use ement of radioactivity					
Radiation B	Biology					
for medical	,					
6.A. Work or Pi	ractical Experience w	ith Radiation (180 NAC	7-024.02, Item 1	1.b.)		
Description o	of Experience	lame of Supervising Individual(s)		Corresponding cense Number	Corre L	Location and sponding Materials icense Number
Shipping, receiving performing relate surveys	d radiation					
Using and performance of proper operation survey meters, and appropriate instrance alpha or radionuclides	of dosages, nd, if uments used to					
Calculating, assa preparing dosage human research Using administra	es for patients or subjects;. tive controls to					
avoid medical evadministration of material						
Using procedures minimize radioac contamination and decontamination	tive ad using proper					
6.B. Supervised	Clinical Experience (describe experience el	ements in 6.A.)			
<u>Isotope</u>	Type of Use	No. of Cases Involing Personal Participation	Name of Supervising Individual	Location ar Correspond Radioactive Materials L Number	ding e	Date and/or Clock Hours of Experience
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					

		1	1	
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 Ir-192	Cisternography			
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, Intercavitary or Topical Treatment			
Se-75	Pancreas Imaging			
Sn-113/In- 113m	Radiopharmaceutical Preparation – Generator			
Sr-89	Bone Metastases and Pain			
Sr-90	Treament 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 Sp Imaging	oleen				
Tc-99m	Lung Imagin	ıg				
Tc-99m	Bone Imagir	ng				
TI-201	Cardiac Ima	ging				
Yb-169	Cisternograp	ohy				
Xe-133	Blood Flow S and Pulmon Function Stu	ary				
Other						
7. Formal Tra	aining		L			l
Degree, Area o Residency l	of Study or Program	Lo Corres	of Program and ocation with ponding Material ense Number	Dates	Appro (e.g., Acc for Gi Edu	Organization that ved the Program creditation Council raduate Medical cation and the able 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):					
Α	Name of Supervisor B. Sup	pervisor is:				
		Authorized Nuclear Pharmacist				
C.	Supervisor meets requirements of:	for medical uses in				
	☐ 180 NAC 7-024 Authorized Nuclear Pharmacist					
		 ☐ 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 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required				
		☐ 180 NAC 7-048.01 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
		☐ 180 NAC 7-048.02 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
		☐ 180 NAC 7-048.03 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
		☐ 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: 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 c	of individual named in Item 1):				
A. has satisfactorily completed the require	A. has satisfactorily completed the requirements in:					
\square 180 NAC 7-024.01, Item 1, 2, and 3 α	as documented in t	this application or				
\square 180 NAC 7-024.02 Item 1 and 7-024	4.02, Item 2 as doc	cumented in this application.				
B. has achieved a level of radiation sate Pharmacist; (180 NAC 7-024.03)	fety knowledge suf	fficient to function independently as a	Authorized Nuclear			
C. I am a						
 Authorized Nuclear Pharmacist 						
I meet the requirements of:		for medical uses	<u>in</u>			
☐ 180 NAC 7-024 Authorized Nuclear	r Pharmacist					
		 180 NAC 7-041 for Use of Unseale Material for Uptake, Dilution, and Which a Written Directive is Not F 	Excretion Studies for			
		 180 NAC 7-044 for use of Unseale Material for Imaging and Localiza a Written Directive is Not Require 	tion Studies for which			
		☐ 180 NAC 7-048.01 for Use of Unsom Material for Which a Written Direct				
		☐ 180 NAC 7-048.02 for Use of Unsom Material for Which a Written Direct				
		□ 180 NAC 7-048.03 for Use of Unse Material for Which a Written Direct				
		□ 180 NAC 7-048.04 for Use of Unso Material for Which a Written Direct				
D. Preceptor on Radioactive Material Licens	se #	E. Licensee Name:				
		Licensee Address:				
Name of Preceptor (type or print clearly)	SignaturePrecep	stor	Date			
Traine of Freceptor (type of print clearly)	oignatureFrecep	NOI	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 Address	of Individual:	FAX Number:				
2.	Physic	ian's Nebraska License #					
3.	Authoria	zation for Authorized User o	f 180 NAC 7-043				
Sele	ct a Trai	ning Pathway. Please chec	k one of the four items below. Then com	plete and submit items requested.			
	180 NA	C 7-026.02 Provisions for E	Experienced Authorized Users				
	re		orized user on a Agreement State or NRC lic nose medical use for which they were author 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 NA	C 7-043 Training for Uptake	, Dilution and Excretion Studies				
		rtification – 180 NAC 7-043.0	•				
	g.		certification and complete Item 4 and				
	h.	Provide completed Precept	'				
			0 NAC 7-047 or 180 NAC 7-051				
	a.	Provide a copy of the licens					
		ining and Experience - 180	• •				
	 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	ng) and			
	C.	Complete Item 8 and					
	d.	Provide completed Preceptor	or Attestation, Item 9.				
4.	Certific	ation					
	Specialty Board		Category	Month and Year Certified			

					Effective Dat	
5. Classroom an	nd laboratory tra	aining: (minimum 8 hours)				
		Location and Dates	of Training	Dates of Training	g Clock Hours in Classroom or Laboratory	
Radiation Phys Instrumentatio						
Radiation Prote	ection					
	Pertaining to the ment of radioactive					
Chemistry of R for Medical Use	Radioactive Mate e	rial				
Radiation Biolo	ogy					
6. Work Experie	ence: (minimu	m 52 hours)				
or 7-051 or ed	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.).					
		Name of Supervising	Location and C		Dates and/or Clock Hours	

Description of Experience	Name of Supervising Individual(s)	Materials License Number	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>	Type of Use		No. of Cases Involing Personal Participation	Name of Supervising Individual	Location and Corresponding Radioactive Materials License #	Date and/or Clock Hours of Experience
I-125 or I-131	Diagnosis of The Function	yroid				
I-125 or I-131	Liver Function Studies					
I-125 or I-131	Kidney Function Studies	า				
I-125	Detection of Thrombosis					
I-131	Diagnosis of Th Function	yroid				
In-111	Cisternography					
Mo-99/Tc-99m	Radiopharmace Preparation - Generator	eutical				
Tc-99m	Radiopharmace Preparation – Reagent Kits	eutical				
Yb-169	Cisternography					
Xe-133	Blood Flow Studend Pulmonary Function Studie					
Other						
7. Formal Trai	ning					
Residency Program Lo Corres		of Program and Dates ocation with ponding Material ense Number		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:	for medical uses in					
 180 NAC 7-043 Training for Uptake, Dilution Excretion Studies or 	on and 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					
 180 NAC 7-047 Training for Imaging and Localization Studies or 	 180 NAC 7-044 for use of Unsealed Radioactive Material for Imaging and Localization Studies for which a Written Directive is Not Required; or 					
 180 NAC 7-051 Training for use of Unseal Radioactive material for Which a Written I is Required 						
B. Authorized User on Radioactive Material Licer Number:	nse 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. has satisfactorily completed the requirements of:						
\square 180 NAC 7-043.01, Item 1. as docume	ented in this application; or					
\Box 180 NAC 7-043.03, Item 1. and 2. as σ	documented in this application.					
B. 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						
☐ Authorized User						
I meet the requirements of:	for medical uses in					
☐ 180 NAC 7-043 Training for Uptake, Dilution Excretion Studies						
 180 NAC 7-047 Training for Imaging and Localization Studies and 	 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 Unsealed Rad Material for Which a Written Directive is R and 						
D. Preceptor on Radioactive Material License #:	E. Licensee Name: Licensee Address:					
Name of Preceptor (type or print clearly) Signatu	urePreceptor Date					

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

Authorized User

180-NAC 7-047 –Training for Imaging and Localization Studies

Note	lote: 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.							
	C.	Complete and submit items requ	uested in item 3.					
1.	Nam	ne of Individual:						
	Tele		FAX Number:					
		ail Address:		·				
2.	Phy	sician's Nebraska License #						
3. /	Autho	orization for Authorized user of	f 180 NAC 7-047					
Selec	t a T	raining Pathway Please check	one of the four items below. Then comp	lete and submit items requested.				
	180	NAC 7-026.02 Provisions for E	Experienced Authorized Users					
			rized user on a Agreement State or NRC lic nose medical use for which they were author NAC 7-047.					
		or a copy of a permit issued by a U.S. Nuclear Regulatory Commi	a permit (if issued by the U.S. Nuclear Regulatory Commission massission or Agreement State broad scope licer material license broad scope permittee on vid.	ter material licensee, a permit issued by a usee, or a permit issued by a U.S. Nuclear				
	180	NAC 7-047 Training for Imaging	g and Localization Studies					
		Certification – 180 NAC 7-047.0	1					
		i. Provide a copy of the board	certification and complete Item 4; and					
		j. Provide completed Precepto	or Attestation, Item 9.					
		s an authorized user under 180	0 NAC 7-051 and meets the requirements	in 180 NAC 7-047.03, Item 1.b.(7)				
		a. Provide a copy of the license	e with the application.					
	□ 1	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	b. Complete Items 6 and 7 (or	provide documents of the 700 hours of train	ning); and				
	C	c. Provide completed Precepto	or Attestation, Item 9.					
4.	Certi	ification						
	Speci	ialty Board	Category	Month and Year Certified				
•	- 0.							

5.	Classroom and laboratory tra	aining:	(minimum 80 hours)				
			Location and Dates	of Training	Dates of Traini	ng	Clock Hours in Classroom or Laboratory
	Radiation Physics and Instrumentation						
	Performing quality control procedures on instruments use determine the activity of dosag and performing checks for propoperation of survey meters	es					
	Mathematics Pertaining to the and Measurement of radioactiv Chemistry of Radioactive Mate for Medical Use Radiation Biology	vity					
6.	Work Experience: (minimum	620 hc	oure)				
	Work experience under the s 047.03, Item 1.b.(7) and 7-051 involving: (180 NAC 7-047.03,	upervi: or equiv	sion of an authorized	egulatory Commis	sion or Agreeme	nt Sta	ate requirements,
	Description of Experience	Nan	ne of Supervising Individual(s)	Location and C Materials Lice		Da	tes and/or Clock Hours of Experience
	Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys						
	Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters						
	Calculating, measuring and safely preparing patient or human research subject dosages;.						
	Using administrative controls to prevent a medical event/misadministration involving the use of unsealed radioactive material						
	Using procedures to contain spilled radioactive material safely and using proper decontamination procedures						
	Administering dosages of radioactive drugs to patients or human research subjects						
	Eluting generator systems appropriate for 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>	Type of Use	No. of Cases Involing Personal Participation	Name of Supervising Individual	Location and Corresponding Radioactive Materials License #	Date and/or Clock Hours of Experience		
F-18	Positron Emission Tomography (P.E.T.)	-		Materials Licerise #			
Ga-67							
I-123	Abscess Tumor Imaging 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 Sn-113/In- 113m	Pancreas Imaging 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						
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		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 Qualification	ons				
requ mee	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):						
	ne of Supervisor/Authorized						
A <u>.</u>	The supervisor meets red	quirements of:	for medical uses in				
	☐ 180 NAC 7-047 Trainin Localization Studies of		 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 7-051Trainin Radioactive material f is Required and	g for use of Unsealed for Which a Written Directive		se of Unsealed Radioactive Written Directive is Required			
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 Radioa Number:	active Material License	C. Licensee Name: Licensee Address:				

9. Preceptor Attestation (180 NAC 7-047.03, Item 2)						
Note: The individual's preceptor must complete this part. If r obtain a separate preceptor statement from each.	more than one preceptor is necessary t	o document experience,				
I attest that(name of individual named in Item 1):						
A. \square has satisfactorily completed the requirements of:						
\square 180 NAC 7-047.01, Item 1. as documented in thi	s application; or					
\square 180 NAC 7-047.03, Item 1. as documented in thi	s application.					
B. A has achieved a level of competency sufficient to function medical uses in 180 NAC 7-041 and 7-044	on independently as a Authorized User	for uses authorized for the				
C. I am a						
☐ Authorized User						
I meet the requirements of:	for medical uses in					
 180 NAC 7-047 Training for Imaging and Localization Studies or 	☐ 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 7-047.03, Item 1.b.(7) Work experience with eluting generator systems appropriate for preparation of radioactive drugs and 						
 180 NAC 7-051 Training for Unsealed Radioactive Material for Which a Written Directive is Required 	☐ 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) SignaturePrece	ptor	Date				

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	te: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.						
All A	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.							
	Addre						
			FAX Number				
	E-Mai	i Address:					
2.	Physi	cian's Nebraska License#					
3.	Autho	orization for Authorized User	of 180 NAC 7-051				
Sele	ct a Tr	aining Pathway. Please chec	k one of the three items below. Then con	nplete and submit items requested.			
	180 N	AC 7-026.02 Provisions for E	Experienced Authorized Users				
	(r	effective date of these regulation in the comply with the training the complex control in the complex control in the control in t	orized user per 180 NAC 7-026.02, on a Agre ons) who perform only those medical use for g requirements of 180 NAC 7-051.	which they were authorized on that date			
	C L F	or a copy of a permit issued by a J.S. Nuclear Regulatory Comm	a permit (if issued by the U.S. Nuclear Regulatory Commission mas ission or Agreement State broad scope licer material license broad scope permittee on vid.	ter material licensee, a permit issued by a usee, or a permit issued by a U.S. Nuclear			
	180 N	AC 7-051 Training for use of	unsealed radioactive material for which a	written directive is required			
	□ Ce	ertification – 180 NAC 7-051.0	1				
	k	. Provide a copy of the board	certification and complete Item 4 and				
	I.	Provide completed Precept	or Attestation, Item 8.				
	□ T	raining and Experience – 180	NAC 7-051.02				
	a.		perience, including a minimum of 200 hours techniques applicable to the medical use of				
	b.	Complete Items 5 and 6 (or	provide documents of the 700 hours of train	ing and experience) and			
	C.	Complete Item 7, and					
	d.	Provide completed Preceptor	or Attestation, Item 8.				
4.	Certif	ication					
	<u>Specia</u>	lty Board	<u>Category</u>	Month and Year Certified			

F. Classes and Jahanston (. /ii				
5. Classroom and laboratory t	raining					
		Location and Dates	of Training	Dates of Training	<u>ng</u>	Clock Hours in Lecture or Laboratory
Radiation Physics and Instrumentation						<u>or Education</u>
Radiation Protection						
Mathematics Pertaining to the and Measurement of Radioact						
Chemistry of Radioactive Mate for Medical Use	rial					
Radiation Biology						
6. Work Experience: (minimum	500 hc	ours)				
6.A. Work Experience Under the equivalent U.S. Nuclear Regumeets the requirements in 18 categories as the individual relatem 1.b.).	latory (0 NAC	Commission or Agree 7-051.02, must have	ment State require experience in admatus. The work ex	ements. A super ninistering dosage perience must inv	vising es in t olve:	g authorized user, who he same category or (180 NAC 7-051.02,
Description of Experience	Nan	ne of Supervising Individual(s)		Corresponding ense Number	Da	tes 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;.						
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		Nan	ne 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		n /,					
6.B. Supervised Clinical Experience (describe experience elements in 6.A.)							
Isotope	Type of Use		No. of Cases Involing Personal Participation	Name of Supervising Individual	Location a Correspon Radioactiv Materials L Number	ding e	Date and/or Clock Hours of Experience
6.C. Forma	l Training						
Degree, Area of Study or Residency Program		Lo Corres	of Program and ocation with ponding Material ense Number	Dates		Appro- (e.g., Acc for Gr Edu	Organization that ved the Program creditation Council raduate Medical cation and the able Regulation)

7.	7. Supervising Individual – Identification and Qualifications								
requ	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):								
Nan	ne of Sup	ervisor/Authorized User							
A.	Superv	risor meets requirements of:	for medical uses in						
	Rac	NAC 7-051Training for Use of Unsealed dioactive Material for Which a Written Directive dequired	□ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required						
	NAC 7- in admi catego	upervising user meets the requirements of 180 -051.02, the supervisor must have experience inistering dosages in the same dosage ry or categories as the individual requesting zed user status:							
	□ (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 directive is required.							
B.	Authoriz Number	ed User on Radioactive Material License :	C. Licensee Name: Licensee Address:						

8 PRECEPTOR ATTESTATION (180 NAC 7-051.03)					
Note: The individual's preceptor must complete this part. If n obtain a separate preceptor statement from each.	nore than one preceptor is necessary to document experience,				
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				
\square 180 NAC 7-051.02, Item 1. as documented in this	s application.				
B. has achieved a level of competency sufficient to function 180 NAC 7-048.	on independently as a Authorized User for the medical uses in				
C. I am a					
☐ Authorized User					
administering dosages in the same dosage category or	<u> </u>				
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 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
\square 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 					
\square (d) Parenteral administration of any other radionuclide for which a written					
or					
☐ 180 NAC 7-051.02, Item 1					
D. Authorized User on Radioactive Material License Number:	E. Licensee Name: Licensee Address:				
Name of Preceptor (type or print clearly) SignaturePrece	ptor Date				

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	te: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.					
All Au	uthorized Users will need to complete a. 1 & 2 on this page and b. Select a training pathway in Ite c. Complete and submit items rec					
1.	Address:	FAX Number:				
2.	Physician's Nebraska License #_					
3.	Authorization for Authorized Use	of 180 NAC 7-052				
	requested.	e check one of the three items below. The	en complete and submit items			
	180 NAC 7-026.02 Provisions for	Experienced Authorized Users				
	(effective date of these regulati	orized user per 180 NAC 7-026.02, on a Agre ons) who perform only those medical use for ng requirements of 180 NAC 7-052.				
	or a copy of a permit issued by U.S. Nuclear Regulatory Comm	r a permit (if issued by the U.S. Nuclear Regu a U.S. Nuclear Regulatory Commission mas hission or Agreement State broad scope licer r material license broad scope permittee on v d.	ter material licensee, a permit issued by a usee, or a permit issued by a U.S. Nuclear			
	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 boar	d certification and complete Item 4; and				
	n. Provide completed Precep	tor Attestation, Item 9.				
		80 NAC 7-051.01, and 7-051.02 for uses list 5. Nuclear Regulatory Commission or Agre 7. Nuclear Regulatory Commission or Agre				
	Provide a copy of the license with	h the application.				
	☐ Training and Experience – 180	NAC 7-052.03				
	a. 80 hours of classroom and	laboratory training applicable to the medical and work experience listed in Item 5; and	use of sodium iodine I-131 for procedures			
	·	(or provide documents of the training); and				
	c. Complete Item 8; and	(or provide accumente of the training), and				
	d. Provide completed Precep	or Attestation, Item 9.				
4. (Certification					
	Specialty Board	Category	Month and Year Certified			

5.	Classroom and laboratory t	raining	: (minimum 80 hours	3)		
			Location and Dates		Dates of Training	ng Clock Hours in Lecture or Laboratory
	Radiation Physics and Instrumentation					
	Radiation Protection					
	Mathematics Pertaining to the and Measurement of radioacti					
	Chemistry of Radioactive Mate for Medical Use	rial				
	Radiation Biology					
6.	Work Experience:					
6.A	 Work Experience Under the 051.02, 7-052, 7-053 or equivalent authorized user, who meets to specified in 180 NAC 7-051.0 	/alent U he requ	.S. Nuclear Regulator irements in 180 NAC	ry Commission o 7-051.02, must he work experience	r Agreement State nave experience in e must involve: (1	requirements. A supervising administering dosages as 80 NAC 7-052.03, Item 2.).
,	Description of Experience	Nan	ne of Supervising Individual(s)		Corresponding cense 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 resarch subjects, that includes at least 3 cases involving the oral adminstration of less than or equial to 1.22 Gbq (33 mCi) of soidum iodine I-131					
ı						

6.B. Supervise	ed Clinical Ex	perience (describe experien	ce elements in 6.A.)			
<u>Isotope</u>	Type of Use		No. of Cases Involing Personal Participation	Name of Supervising Individual	ervising Correspond		Date and/or Clock Hours of Experience
I-131	Treatment of Hyperthyroic cardiac dysf	lism or					
Other							
7. Formal Tra	ining						
Degree, Area of Study or Residency Program Corr		Lo Corres	of Program and ocation with ponding Material ense Number	Dates		Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)	
The training a the requireme Agreement St must have ex	and experience ents in 180 NA ate requireme perience in ac ing individual	e indicated C 7-051.01 ents. A su Iministerin is needed	l, 7-051.02, 7-052, i pervising authoriz ig dosages as spe	cations ned under the supervis 7-053, or equivalent U. ed user who meets the cified in 180 NAC 7-05 ents in 180 NAC 7-052,	S. Nuclear requireme 1.02, Item 1	Regulatory ents in 180 .b. (6)(a) o	Commission or NAC 7-051.02, (b). (<i>If more than</i>
A. Supervisor	meets require	ments of:		fo	r medical us	es in	
☐ 180 NAC	C 7-051.01 or			☐ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required			
☐ 180 NA0	C 7-051.02 or						
□ 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							
 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 Number:	d User on Rad	ioactive Ma	terial License	C. Licensee Name: Licensee Addres	s:		

9.	PRECEPTOR ATTESTATION (180 NAC 7-052.04)						
Note	te: 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.						
l atte	est that(name	e of individual named in Item 1):					
Α.	$\hfill\square$ has satisfactorily completed the requirements of 180	NAC 7-052.03, Item 1 and 2					
B.	$\hfill \square$ has achieved a level of competency sufficient to function 180 NAC 7-048.	ction independently as a Authorized User for the medical uses in					
C. I	am a						
	☐ Authorized User						
	Note: The preceptor authorized user, who meets the administering dosages as specified in 180 NA	requirement in 180 NAC 7-051.02 must have experience in AC 7-051, Item 1.b.(6)(a) or (b).					
	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, including or 	☐ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required					
	 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 						
	 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 						
	Authorized User on Radioactive Material License lumber:	E. Licensee Name: Licensee Address:					
Nam	e of Preceptor (type or print clearly) SignaturePrece	eptor Date					

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:	appli	cable regulations. uthorized Users will need to co a. 1 & 2 on this page and b. Select a training pathy	l '	e training and experience criteria in the
				-
	Addre		FAX Number	
		Address:	FAX Nullibel	
		7.00.000.		
2.	Physic	cian's Nebraska License #		
3.	Autho	rization for Authorized user	180 NAC 7-053	
Selec		•	k one of the three items below. Then cor	nplete and submit items requested.
			Experienced Authorized Users	
	(6	effective date of these regulation	orized user per 180 NAC 7-026.02, on a Agre ons) who perform only those medical use for g requirements of 180 NAC 7-053	
	o L R	r a copy of a permit issued by J.S. Nuclear Regulatory Comm	a permit (if issued by the U.S. Nuclear Regulatory Commission massission or Agreement State broad scope licer material license broad scope permittee on vid.	ter material licensee, a permit issued by a usee, or a permit issued by a U.S. Nuclear
	180 N	AC 7-053 Training for use of	unsealed radioactive material for which a	written directive is required
	□ Се	ertification – 180 NAC 7-053.0	1	
	0.	Provide a copy of the board	certification and complete Item 4 and	
	p.	Provide completed Precept	or Attestation, Item 9.	
			0 NAC 7-051.01, 7-051.02, for uses listed i U.S. Nuclear Regulatory Commission rec	
	Pr	ovide a copy of the license with	n the application.	
	□ Tr	aining and Experience – 180		
	a.		aboratory training applicable to the medical and work experience listed in Item 5; and	use of sodium iodine I-131 for procedures
	b.	Complete Items 5, 6 and 7 (or provide documents of the training); and	
	C.	Complete Item 8; and		
	d.	Provide completed Preceptor	or Attestation, Item 9.	
4.	Certific	cation		
<u> </u>	Specialty Board		<u>Category</u>	Month and Year Certified

5.	Classroom and laboratory t	raining	· (minimum 80 hours)		
	5.355.55m and laboratory t	9	Location and Dates	, 	Dates of Training	ng Clock Hours in Lecture or Laboratory
	Radiation Physics and Instrumentation					
	Radiation Protection					
	Mathematics Pertaining to the and Measurement of radioacti					
	Chemistry of Radioactive Mate for Medical Use	rial				
	Radiation Biology					
6.	Work Experience:					
6.A	 Work Experience Under the 051.02, 7-053 or equivalent L authorized user, who meets the specified in 180 NAC 7-051.0 	I.S. Nud ne requ	clear Regulatory Comi irements in 180 NAC	mission or Agreer 7-051.02, must ha experience must i	ment State require ave experience in involve:(180 NAC	ements. A supervising administering dosages as 7-053.03, Item 2.).
,	Description of Experience	Nan	ne of Supervising Individual(s)		Corresponding ense 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 Involing Personal Participation	Name of Supervising Individual	Location a Correspo Radioacti Materials Number	nding ve	Date and/or Clock Hours of Experience		
I-131	Treatment o carcinoma	f thyroid						
Other								
7. Formal Train	ning							
Degree, Area of Study or Nam Residency Program Corre		Lo Corres	of Program and ocation with ponding Material ense Number	Dates		Appro (e.g., Acc for Gi Edu	Organization that wed the Program creditation Council raduate Medical cation and the able Regulation)	
The training and requirements in State requirement experience in ad	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):							
A. Supervisor	meets require	ments of:		for medical uses in				
☐ 180 NAC 7-051.01; or				☐ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
☐ 180 NA	C 7-051.02; o	r						
 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 Addres	s:			

9. PRECEPTOR ATTESTATION (180 NAC 7-053.04)							
Note: The individual's preceptor must com obtain a separate preceptor stateme	plete this part. If n ent from each.	nore than one preceptor is necessary to	o document experience,				
l attest that	(name	of individual named in Item 1):					
A. $\ \square$ has satisfactorily completed the requ	irements of 180 NA	AC 7-053.03, Item 1 and 2					
B. ☐ has achieved a level of competency 180 NAC 7-048.	,,,						
C. I am a							
☐ Authorized User							
Note : The preceptor authorized use administering dosages as sp		equirement in 180 NAC 7-051.02 must 7-51.02, Item 1.(6)(b).	have experience in				
I meet the requirements of:		for medical uses in					
	Radioactive material for Which a Written		180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
 180 NAC 7-053 Training for Oral of Sodium Iodine I-131 in Quant Than 1.22 Gigabecquerls (33 MWhich a Written Directive is Recommended) 	ities Greater fillicuries) for						
D. Authorized User on Radioactive Materi Number:	al License	E. Licensee Name: Licensee Address:					
Name of Preceptor (type or print clearly)	SignaturePrece	ptor	Date				

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		cription of training and experien	ce must contain sufficient detail to match the	e training and experience criteria in the			
All Au	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 re	quested in item 3.				
1.	Nam	e of Individual:					
	Addr						
			FAX Number:				
	Е-Ма	il Address:					
2.	Phys	ician's Nebraska License #					
3.		orization for Authorized User					
Selec		•	c one of the three items below. Then con	nplete and submit items requested.			
			Experienced Authorized Users	NDO Paraga hafara tha			
		(effective date of these regulation	orized user per 180 NAC 7-026.02, on a Agrons) who perform only those medical use for grequirements of 180 NAC 7-054				
		or a copy of a permit issued by U.S. Nuclear Regulatory Comm	a permit (if issued by the U.S. Nuclear Regia U.S. Nuclear Regulatory Commission massission or Agreement State broad scope licer material license broad scope permittee on vid.	ster material licensee, a permit issued by a nsee, or a permit issued by a U.S. Nuclear			
	180 N	NAC 7-054 Training for use of	unsealed radioactive material for which a	a written directive is required			
		Certification – 180 NAC 7-054	.03				
	(q. Provide a copy of the board	I certification and complete Item 4; and				
		 Provide completed Precept 					
		Is an authorized user under 1 Commission requirements –	80 NAC 7-051 or equivalent Agreement S 180 NAC 7-054.01	tate or U.S. Nuclear Regulatory			
		s an authorized user under 18 commission requirements – 1	0 NAC 7-063 or 7-084 or equivalent Agree 30 NAC 7-054.02	ement State or U.S. Nuclear Regulatory			
		rovide a copy of the license with	• • • • • • • • • • • • • • • • • • • •				
	□ T	raining and Experience – 180					
	а	is required, of any beta emi	aboratory training applicable to parenteral a ter or any photon-emitting radionuclide with any other radionuclide for which a written di 5; and	a photon energy less that 150keV, and/or			
	b	. Complete Items 5, 6, and 7	(or provide documents of the training) and				
	С	'					
	d	. Provide completed Preceptor	or Attestation, Item 9.				
4.	Certif	ication					
	Specia	alty Board	Category	Month and Year Certified			
			<u> </u>				

5. Classroom and laboratory tra	aining: (minimum 80 hours)		
o. Gussioom and associatory as	Location and Date:	, 	Dates of Trainin	g Clock Hours in Lecture or Laboratory
Radiation Physics and Instrumentation				
Radiation Protection				
Mathematics Pertaining to the land Measurement of radioactive				
Chemistry of Radioactive Mater for Medical Use	rial			
Radiation Biology				
6. Work Experience:				
6.A. Work Experience Under the sor equivalent U.S. Nuclear Reg which a written directive is requ 150 keV and/or parenteral adm authorized user, who meets the specified in 180 NAC 7-051.02,	gulatory Commission or Agreuired, of any beta emitter or inistration of any other radice requirements in 180 NAC, Item 1.b.(6)(c) and/or(d).	eement State requir any photon-emitting onuclide for which a 7-051, must have e The work experienc Location and C	ements, in the party aradionuclide with written directive in admit e must involve:(18 orresponding	renteral administration for a photon energy less than s required. A supervising nistering dosages as 30 NAC 7-054.04, Item 2.). Dates and/or Clock Hours
Description of Experience	Individual(s)	Materials Lice	nse Number	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				
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.)							
<u>Isotope</u>	Type of Use	;	No. of Cases Involing Personal Participation	Name of Supervising Individual	Location a Correspond Radioactive Materials Number	nding ve	Date and/or Clock Hours of Experience
P-32 (Soluble)	Treatment o Polycythemi Leukemia, a Metastases	a Vera,					
P-32 (Colloidal)	Intracavitary Treatment	,					
Sr-89	Bone Metas Pain	tases and					
Other							
- 5							
7. Formal Train		,					
Degree, Area of Study or Residency Program		Lo Corres	of Program and ocation with ponding Material ense Number	Dates		Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education and the Applicable Regulation)	
The training and requirements in requirements. A administering do individual is need Name of Supervision	A experience in 180 NAC 7-05 A supervising osages as specified to meet a sor/Authorized	ndicated al 51 or 7-054 authorized ecified in 1 requirement User	or equivalent U.S. I user who meets t 80 NAC 7-051.02, I	I under the supervision Nuclear Regulatory C he requirements in 18 tem 1.b. (6)(c) and/or (54, provide the followin	ommission 0 NAC 7-05 d). (If more ng informa	or Agreen 1, must ha e than one tion for eac	nent State ve experience in supervising
A. Supervisor	meets require	ments of:		<u>for</u>	r medical us	es in	
Radioa Directi	C 7-051 Train active material ive is Required	I for Which a d and	a Written	□ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required			
Have experience in administering dosages as specified in 180 NAC 7-051.02, Item 1.b.(6)(c) and/or (d)							
☐ 180 NAC 7-054 Training for the Parenteral Administration of Unsealed Radioactive Material Requiring Written Directive							
B. Authorized Number:	User on Radio	oactive Mate	erial License	C. Licensee Name: Licensee Address	s:		

9.	9. PRECEPTOR ATTESTATION (180 NAC 7-054.04, Item 3)					
Note	te: 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.					
l atte	est that(nai	ne of individual named in Item 1):				
Α.	$\hfill\square$ has satisfactorily completed the requirements of 18	30 NAC 7-054.02 or 7-054.03.				
B.	$\hfill \square$ has achieved a level of competency sufficient to full who meets the requirement in 180 NAC 7-51 and 7-0		er for an authorized user			
C.	I am a					
	☐ Authorized User					
	Note: The preceptor authorized user, who mee administering dosages as specified in 18		must have experience in			
	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 or 	☐ 180 NAC 7-048 for Use of Unsealed Radioactive Material for Which a Written Directive is Required				
	180 NAC 7-054 Training for the Parenteral Administration of Unsealed Radioactive Materia Requiring Written Directive	I				
	Authorized User on Radioactive Material License Number:	E. Licensee Name: Licensee Address:				
Nam	e of Preceptor (type or print clearly) SignaturePre	eceptor	Date			

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	te: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.								
All Au	l Authorized Users will need to complete items:								
	a. 1 & 2 on this page and b. Select a training pathway in Item 3 and								
	C		Select a training pathway in Complete and submit items	requested in Item 3.					
4	N		Clouded double						
1.		ne o Iress							
				FAX Number:					
			Address:	TAX Number					
2.	Phy	/sicia	an's Nebraska License #						
3.			zation for Authorized user						
Selec			= -	k one of the three items below. Then con	nplete and submit items requested.				
				xperienced Authorized Users	NDO Fee as he for the				
		(eff	fective date of these regulation	rized user per 180 NAC 7-026.02, on a Agre ons) who perform only those medical use for g requirements of 180 NAC 7-063					
		or a U.S Re	a copy of a permit issued by a S. Nuclear Regulatory Commi	a permit (if issued by the U.S. Nuclear Regulatory Commission mas ission or Agreement State broad scope licer material license broad scope permittee on vol.	ter material licensee, a permit issued by a see, or a permit issued by a U.S. Nuclear				
	180	NA	C 7-063 Training for use of	manual brachytherapy sources					
		Cer	tification - 180 NAC 7-063.0	01					
		s.	Provide a copy of the board	certification and complete Item 4 and					
		t.	Provide completed Preceptor	or Attestation, Item 9.					
		Tra	nining and Experience – 180) NAC 7-063.02					
		a.	200 hours of classroom and Item 5 and Item 6; and	laboratory training and 500 hours of work ex	xperience which includes items listed in				
	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	r Attestation, Item 9.					
4.	Cert	ifica	tion						
	Specialty Board		Board	Category	Month and Year Certified				

5. Classroom	n and laboratory training	, , ,		~		
		Location and Dates of Training		Dates of Training		ock Hours in Lecture Laboratory
Radiation Ph Instrumenta						
Radiation Pr	otection					
	s Pertaining to the Use rement of radioactivity					
Radiation Bio	ology					
-	erience: (500 hours)					
equivalent	erience Under the super U.S. Nuclear Regulatory (must involve:(180 NAC 7	Commission or Agreer				
Description o	of Experience	ne of Supervising Individual(s)	Location and C Materials Lice			nd/or Clock Hours f Experience
(1) Ordering, red unpacking ra material safe performing the radiation sur	adioactive ely and he related					
proper opera						
(3) Preparing, in removing bra sources.	mplanting, and achytherapy					
(4) Maintaining inventories of hand;	running of material on					
(6) Using emerg procedures t radioactive n	to control					_
6.B. Superv	vised Clinical Experienc	e (describe experien	ce elements in 6.	A.)		
<u>Isotope</u>	Type of Use	No. of Cases Involing Personal Participation	Name of Supervising Individual	Location ar Correspond Radioactive Materials L Number	ding E	Date and/or Clock Hours of Experience
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 Postdocutoral 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 require	ments of:	for medical u	uses in						
☐ 180 NAC 7-063.01, or ☐ 180 NAC 7-063.02 ☐ 180 NAC 7-064 for Use of Sources for Manual Brachytheraphy									
B. Authorized User on Radioad Number:	ctive Material License	C. Licensee Name: Licensee Address:							

9. PRECEPTOR ATTESTATION (180 NAC 7-063.02, Item 3)					
Note: The individual's preceptor must compl obtain a separate preceptor statement		nore than one preceptor is necessary t	o document experience,		
I attest that(name of individual named in Item 1):					
A. \square has satisfactorily completed the require	ements of:				
☐ 180 NAC 7-063.01 or					
☐ 180 NAC 7-063.02					
B. has achieved a level of competency brachytheraphy sources for the med		ction independently as a Authorized U ized under 180 NAC 7-055.	ser of manual		
C. I am a					
☐ Authorized User					
I meet the requirements of:		for medical uses	for medical uses in		
☐ 180 NAC 7-063.01; or		☐ 180 NAC 7-055 Use of Sealed Sources for Manual Brachytherapy			
☐ 180 NAC 7-063.02					
D. Authorized User on Radioactive Material Number:	License	E. Licensee Name: Licensee Address:			
Name of Preceptor (type or print clearly)	SignaturePrece	ptor	Date		

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 experien applicable regulations.	lote: 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.							
	FAX Number:						
Physician's Nebraska License #							
3. Authorization for Authorized User 1							
• ,	k one of the three items below. Then con	nplete and submit items requested.					
180 NAC 7-026.02 Provisions for E	•						
(effective date of these regulation	orized user per 180 NAC 7-026.02, on a Agre ons) who perform only those medical use for g requirements of 180 NAC 7-064	eement State or NRC license before the which they were authorized on that date					
or a copy of a permit issued by a U.S. Nuclear Regulatory Comm	a permit (if issued by the U.S. Nuclear Regular U.S. Nuclear Regulatory Commission mas ission or Agreement State broad scope licer material license broad scope permittee on vid.	ter material licensee, a permit issued by a usee, or a permit issued by a U.S. Nuclear					
180 NAC 7-064 Training for ophtha	lmic use of Strontium 90						
Authorized user under 180 NA NAC 7-064.01	C 7-063 or equivalent U.S. Nuclear Regulate	ory or Agreement State requirements (180					
☐ Training and Experience – 180	NAC 7-064.02						
radiotherapy and supervise	aboratory training applicable to the medical ed clinical training in ophthalmic radiotherapy						
' ' '	(or provide documents of the training) and						
c. Complete Item 8, and	Au d lu . O						
d. Provide completed Preceptor	or Attestation, Item 9.						
4. Certification							
Specialty Board	<u>Category</u>	Month and Year Certified					

5. Classroom and laboratory training:							
			Location and Dates	of Training	Dates of Train		ock Hours in Lecture Laboratory
Radiation F Instrumenta	Physics and ation						
Radiation F	Protection						
	cs Pertaining to the						
Radiation E	Biology						
6. Work Expe	erience:						
user at a n		ı, clinic	nical training in opht or private practice (NAC 7-064.02).				
Description o	f Experience	Nam	ne of Supervising Individual(s)	Location and Co Materials Licer			and/or Clock Hours of Experience
(1) Examination individual to							
(2) Calculation of administer;	of the dose to be						
(3) Administration	on of the dose;						
(4) Follow up and review of each individual's case history;;							
6.B. Supervised	Clinical Experien	ce (des	scribe experience el	ements in 6.A.)			
<u>Isotope</u>	Type of Use		No. of Cases Involing Personal Participation	Name of Supervising Individual	Location a Correspor Radioactiv Materials Number	nding /e	Date and/or Clock Hours of Experience
Sr-90	Treatment of Eye Disease	е					
Other							
7. Formal Trai	ning						
Degree, Area of Study or Residency Program		Lo Corres	of Program and ocation with ponding Material ense Number	Dates	5	Appro (e.g., Ac for G Edu	of Organization that oved the Program ccreditation Council graduate Medical ucation and the cable Regulation)

8. Supervising Individual – Identification and Qualification	ions						
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:	for medical uses	<u>in</u>					
 180 NAC 7-063 Training for the Use of Manual Brachytherapy Sources or 	☐ 180 NAC 7-055 for Use of Source	es for Manual Brachytherapy					
☐ 180 NAC 7-064 Training for Ophthalmic Use of Strontium 90							
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(nar	ne of individual named in Item 1):						
A. \square has satisfactorily completed the requirements of:							
☐ 180 NAC 7-064.01							
☐ 180 NAC 7-064.02							
B. has achieved a level of competency sufficient to fun ophthalmic use.	ction independently as a Authorized User	of strontium 90 for					
C. I am a							
☐ Authorized User							
I meet the requirements of:	for medical uses	<u>in</u>					
☐ 180 NAC 7-063; or	☐ 180 NAC 7-055 Use of Sealed Sc	ources for Manual					
□ 180 NAC 7-064	Brachytheraphy						
D. Authorized User on Radioactive Material License Number:	E. Licensee Name: Licensee Address:						
Name of Preceptor (type or print clearly) Signature Pre	ceptor	Date					

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

for

Authorized User 180 NAC 7-066 – Training for the Use of Sealed Sources for Diagnosis

	ce must contain sufficient detail to match the	e training and experience criteria in the					
a. 1 & 2 on this page and '	All Authorized Users will need to complete items: a. 1 & 2 on this page and						
 d. Select a training pathway in I 							
Name of Individual:							
Address:							
E-Mail Address:	FAX Number:						
2 111011 7 (001 0001							
2. Physician's Nebraska License #_							
3. Authorization for Authorized User							
l '	one of the three items below. Then com	plete and submit items requested.					
180 NAC 7-026.02 Provisions for A physician identified as a author	Experienced Authorized Users prized user per 180 NAC 7-026.02, on a Agr	coment State or NPC license before the					
(effective date of these regulation	ons) who perform only those medical use for ng requirements of 180 NAC 7-066	which they were authorized on that date					
or a copy of a permit issued by U.S. Nuclear Regulatory Comm	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						
180 NAC 7-066 Training for use of	manual brachytherapy sources						
☐ Certification – 180 NAC 7-066.	01						
u. Provide a copy of the board	d certification and complete Item 4.						
□ Training and Experience – 180							
a. 8 hours of classroom and la in Item 5 and	aboratory training in basic radionuclide hand	ling techniques which includes items listed					
b. Completed training in the us	se of the device for the uses requested; and						
c. Complete Items 5 and 6 (or	provide documents of the training).						
•							
4. Certification							
Specialty Board	Category	Month and Year Certified					

5. Classroom and laboratory training: (minimum 8 hours) (180 NAC 7-066.02)						
	Location and Dates of Training	Dates of Training	Clock Hours in Lecture or Laboratory			
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	e uses requested (180 NAC 7-066.03):					
Training Element	Type of Training	Loca	tion and Dates			

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: 1 & 2 on this page and Select a training pathway in Item 3 and Complete and submit items requested in Item 3. Name of Individual: ___ Address: Telephone Number: FAX Number: E-Mail Address: 2. Physician's Nebraska License #_ 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 7-063.02 200 hours of classroom and laboratory training and 500 hours of work experience which includes items listed in Item 5 and item 6: and 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 Completed three years of supervised clinical experience in radiation theraphy, under an authorized user who meets the requirement in 180 NAC 7-084, 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; and Complete Items 5, 6, and 8 (or provide documents of the training) and Complete Item 8; and e. Provide completed Preceptor Attestation, Item 9.

=								
4.	Certification	n						
	Specialty Board			Category		Month an	d Year C	<u>Certified</u>
5.	Classroom	and laboratory tra	aining:	(minimum 200 hours)			
				Location and Dates	of Training	Dates of Train		Clock Hours in Lecture or Laboratory
	Radiation Ph Instrumentat							-
	Radiation Pro	otection						
		Pertaining to the ement of radioactive blogy						
6.	Work Exper	ience: (minimum	500 hc	ours)				
6.A.				ion of an authorized u or Agreement State r				
[Description o	f Experience	Nan	ne of Supervising Individual(s)	Location and Control Materials Lice		Dates	s and/or Clock Hours of Experience
	Reviewing fu	Ill calibration						
(2)	Preparing tre and calculati doses and tir	ng treatment						
(3)								
(4)	the event of	g emergency o be followed in the abnormal the medical unit						
(5)	Checking an meters; and	d using survey						
(6)	Selecting the ad how it is t administered	o be						
6.B	. Supervised	Clinical Experie	nce (de	scribe experience el	ements in 6.A.)		_	
Isot	<u>ope</u>	Type of Use		No. of Cases Involing Personal Participation	Name of Supervising Individual	Location a Correspor Radioactiv Materials Number	nding /e	Date and/or Clock Hours of Experience
	Co-60	Teletherapy						
	Cs-137	Teletherapy						
	Ir-192	High Dose Rate Remote Afterloa	ders					
	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	Туре о	f Training	L	ocation and Dates			
who meets the requirement part of a formal training pro Council for Graduate Medic Postdocutoral Training of th	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 Postdocutoral 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)			
	dentification and Qualification						
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 require	ements of:	for medical uses in					
□ 180 NAC 7-084, Training for Use of Sources in a Remote Afterloader Units, Teletherapy Units, and Gamma Sterotactic Radiosurgery Units □ 180 NAC 7-067 - Use of Sources in a Remote Afterloader Units, Teletherapy Units, and Gamma Sterotactic Radiosurgery Units							
B. Authorized User on Radio Number:	active Material License	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. \Box 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:			for medical uses in		
 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 			☐ 180 NAC 7-055 Use of Sealed Sources for Manual Brachytheraphy		
D. Authorized User on Radioactive Material License Number:			E. Licensee Name: Licensee Address:		
Name of Preceptor (type or print clearly) SignaturePrece		ptor	Date		