

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I -- TRAINING AND EXPERIENCE

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

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

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

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

- YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
- N/A of _____ the RSO for License No. _____.

8. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
- N/A _____ who meets requirements for Authorized Medical Physicists; and
- YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
- N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies).

9. 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 10 CFR 35, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

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

C. Supervisor meets requirements of Part 35, Section(s) _____.

for medical uses in Part 35, Section(s) _____.

D. Address

E. Materials License Number

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) _____ .

YES 11b. The individual named in Item 1. is competent to independently function as an authorized
 N/A _____ for _____ uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses (or units) of byproduct material: _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE