

**Application for Authorization for Clinical Use of Radiation Sources  
Radiation Safety Committee, National Institutes of Health**

Name of Applicant

Institute/Center/Division (I/C/D)

Building

Room

Phone

**Qualifications**

Name of Institution Granting M.D. Degree

Date of Degree

State(s) in which You Are Licensed to Practice Medicine

Date of Licensure

Date of Appointment to the NIH:

Approved for Patient Contact at the NIH?  Yes  No

Complete the following attachments as appropriate; check boxes appearing below for those forms which you have completed and attached.

Physicians certified by an organization listed in the appropriate subsection of Subpart J of 10 CFR 35 are to complete Items 1-3 of "Supplement A" and include a copy of their certification. Physicians not previously licensed by the AEC, NRC or an Agreement State and not certified must submit a complete description of their training and experience on Supplements A and B. Continuing training and experience must be demonstrated by applicants whose training and experience was obtained more than five years ago (§35.972).

"Training and Experience; Authorized User or Radiation Safety Officer" (Supplement A).

Evidence of Specialty Board Certification

"Preceptor Statement" (Supplement B, two pages). Obtain separate statement from each preceptor.

**CERTIFICATION:** By signing here, I certify that the statements made above are true, complete, and correct to the best of my knowledge.

Date of Application

Signature of Applicant:

**Radiation Safety Committee Action**

(Refer to Appropriate Section (§) in Title 10 CFR 35)

Approved	Type of Authorization	Approved	Type of Authorization
	Uptake, dilution, and excretion studies (§35.910)		Use of brachytherapy sources (§35.940)
	Imaging and localization studies (§35.920)		Ophthalmic use of strontium-90 (§35.941)
	Therapeutic use of radiopharmaceuticals (§35.930)		Use of sealed sources for diagnosis (§35.950; cf. also §35.500)
	Treatment of hyperthyroidism (§35.932)		Teletherapy (§35.960)
	Treatment of thyroid carcinoma (§35.934)		

Limitations on Above Authorization or Other, Limited Authorization:

Signature of Approving Official

Title:  Chairman, Radiation Safety Committee  
 Co-Chairman, Radiation Safety Committee

Date

References: U.S. Nuclear Regulatory Commission regulations and guides: Title 10, Code of Federal Regulations, Part 35, "Medical Use of Byproduct Material," and Regulatory Guide 10.8, "Guide for the Preparation of Applications for Medical use Programs," (Revision 2, 1987).

# Application For Radionuclide Authorization

Applicant's Name (Last, First, M.I.)		ICD	Bldg. / Room	Phone #	RSB Number
Purpose of Application	NEW <input type="checkbox"/>	RE-AUTHORIZATION <input type="checkbox"/>			
	LABORATORY AUTHORIZATION <input type="checkbox"/>				
	IRRADIATOR CUSTODIAN <input type="checkbox"/>				
	LIMITED AUTHORIZATION <input type="checkbox"/>	EXPLAIN: →			
Training	NIH <input type="checkbox"/>	OTHER <input type="checkbox"/>	TYPE / WHERE / DURATION:		
Experience With Radiation (Actual use of radionuclides or equivalent experience)	NUCLIDE	TYPICAL AMOUNTS USED	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE (wks., mos., yrs.)	TYPE OF USE (Give brief description)
					LABORATORY
Applicant's Signature	I certify that the statements made above are true, complete, and correct to the best of my knowledge.				Date

## FOR RADIATION SAFETY DEPARTMENT USE ONLY

Training Verification	RSAU <input type="checkbox"/>	RSL <input type="checkbox"/>	Initial	Date
This application:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED →	Reason	Date
	<input type="checkbox"/> DISAPPROVED			
Signature (RSO Approval)			Date	
Signature (Radiation Safety Committee Chairperson)			Date	

**PRIVACY ACT STATEMENT.** The information collected by this form is essential for maintenance of records for employees potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Parts 19 and 20, by U. S. Nuclear Regulatory Commission Materials Licenses granted to NIH. Certain information is protected by the Privacy Act of 1974. HHS-NH-VORS 09-25-0166 documents the system of records in which this information is used. Providing your social security account number and birth date (if requested) is voluntary, however, failure to provide these items may result in your not being permitted to work in areas using radioactive materials. The information collected is used in a system of records to track your radiation exposure, use of radioactive materials, and training in radiation safety. The primary users of this information are the staff of the Radiation Safety Branch, NIH. Routine uses may also include disclosure of some information provided on this form to a new employer, to contractors who assist or provide service to the Radiation Safety Branch in performing its functions, to the Nuclear Regulatory Commission, to the Congress of the United States, or if necessary to defend the Government or an employee of D.H.H.S. in a lawsuit.

# Supplement A

NRC Form 313A

U.S. Nuclear Regulatory Commission

## 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 and Pharmacists, State or Territory Where Licensed

**3. Certification**

Specialty Board	Category	Month and Year Certified

**4. Didactic Training**

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			

5. Practical Experience with Radiation. (Actual use of radionuclides or equivalent experience)				
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Clock Hours and Dates	Related Radiation Safety Exam Score
6. Formal Training				
Degree, Area of Study	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 35.294)	
<p>7. The individual named in item 1 of this form is competent to function independently as an authorized user.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Note:</i> Response to Item 7 is applicable to proposed authorized users, medical physicists, or radiation safety officer for the type of medical use requested.</p>				
<p>8. The training and experience indicated above was obtained under the supervision of:</p> <p>_____</p> <p>a. <i>Name of Supervisor</i></p> <p>_____</p> <p>b. <i>Mailing Address</i></p> <p>_____</p> <p>c. <i>City</i></p>			<p>10. Preceptor's Signature</p>  <p>11. Preceptor's Name (Printed Clearly)</p>	
<p>9. Materials License Number</p>			<p>12. Date</p>	



