UNITED STATES
NUCLEAR REGULATORY COMMISSION
OFFICE OF FEDERAL AND STATE MATERIALS
AND ENVIRONMENTAL MANAGEMENT PROGRAMS
WASHINGTON, DC 20555

December 13, 2006

NRC REGULATORY ISSUE SUMMARY 2006-27 AVAILABILITY OF NRC 313A SERIES OF FORMS AND GUIDANCE FOR THEIR COMPLETION

ADDRESSEES

All NRC medical-use licensees, commercial nuclear pharmacies, and U.S. Nuclear Regulatory Commission (NRC) Master Materials Licensees. All Agreement State Radiation Control Program Directors and State Liaison Officers.

INTENT

NRC is issuing this Regulatory Issue Summary (RIS) to inform addressees of the availability of the NRC 313A series of forms and the guidance for the completion of these forms. No specific action or written response is required. NRC is providing this RIS to the Agreement States for their information and for distribution to their medical licensees as appropriate.

BACKGROUND

A person wishing to be licensed to possess, use, or distribute licensed material must submit an application that will permit NRC to determine whether the applicant has training, experience, equipment, facilities, and procedures, for the use of radioactive material, that are adequate to protect the public health and safety. NRC Form 313, "Application for Material License," which may also include the NRC Form 313A series of forms, for medical use and commercial nuclear-pharmacy applicants, is used to provide the information required. The information provided in the NRC Form 313A series of forms permits NRC to determine whether the applicant has training and experience, for the medical or commercial nuclear-pharmacy uses of radioactive material, that are adequate to protect the public health and safety.

SUMMARY OF ISSUE

This RIS addresses the revision of the single NRC Form 313A used by medical Radiation Safety Officers, medical physicists, nuclear pharmacists, and nine different types of physicians, into six distinct new NRC Form 313As, with the following titles:

> NRC FORM 313A(RSO), “RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50]”;
>
> NRC FORM 313A(AMP), “AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]”;

NRC FORM 313A(ANP), "AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.55]";

NRC FORM 313A(AUD), "AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]";

NRC FORM 313A(AUT), "AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]"; and

NRC FORM 313A(AUS), "AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]."

NRC Form 313 must be submitted by all applicants seeking a license for the use of byproduct material. The new NRC Form 313A series of forms may be used by medical use applicants to document training and experience and preceptor attestations for individuals seeking recognition as a Radiation Safety Officer (RSO); Authorized Medical Physicist (AMP); Authorized Nuclear Pharmacist (ANP); or Authorized User (AU). The information required to complete the forms is unchanged from the information required for the old NRC Form 313A and is aligned with the requirements in the 2005 revision of 10 CFR Part 35.

Medical use applicants may elect to use the appropriate form from the NRC Form 313A series, for each new individual, the first time that individual is seeking to be identified as an RSO, AMP, ANP, or AU, or when one of these individuals is seeking to be identified for a new authorization on a limited specific medical license. Broad-scope medical use applicants may use the NRC Form 313A(RSO), when requesting an individual be identified as a new RSO or when adding an additional RSO authorization for the individual. Commercial nuclear-pharmacy applicants may also use NRC Form 313A(ANP) when requesting an individual be identified for the first time as an ANP.

Revised guidance is also attached to aid applicants in completing the six forms in the NRC Form 313A series. The new guidance should facilitate the use of the new forms during new license applications, license amendments, and renewals.

FEDERAL REGISTER NOTIFICATION

A notice of opportunity for public comment on this RIS was not published in the *Federal Register* because this RIS is informational, and does not represent a departure from current regulatory requirements.

CONGRESSIONAL REVIEW ACT

Congressional Review Act, 5 U.S.C.§§ 801-80B.

PAPERWORK REDUCTION ACT STATEMENT

This Regulatory Issue Summary contains information collection requirements that are subject to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.). These information collections were approved by the Office of Management and Budget, approval number 3150-0120, which expires October 31, 2008.

Public Protection Notification

The NRC may not conduct or sponsor, and a person is not required to respond to, a request for information or an information collection requirement unless the requesting document displays a currently valid OMB control number.

CONTACT

This RIS requires no specific action nor written response. If you have any questions about this summary, please contact the individual listed below or the appropriate regional office.

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Enclosures:
1. List of Recently Issued FSME/NMSS Generic Communications
2. Licensing Guidance for Using the NRC FORM 313A Series of Forms
3. NRC Form 313A(RSO), "RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50]"
4. NRC FORM 313A(AMP), "AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]"
5. NRC FORM 313A(ANP), "AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.55]"
6. NRC FORM 313A(AUD), "AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]"
7. NRC FORM 313A(AUT), "AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392 35.394, and 35.396]"
8. NRC FORM 313A(AUS), "AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]"

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Recently Issued FSME/NMSS Generic Communications

Date	GC No.	Subject	Addressees
09/14/06	RIS-06-20	Guidance for Receiving Enforcement Discretion When Concentrating Uranium at Community Water Systems	All community water systems (CWSs), in U.S. Nuclear Regulatory Commission (NRC) non-Agreement States, that during the treatment of drinking water, may accumulate and concentrate naturally-occurring uranium in media, effluents, and other residuals, above 0.05 percent by weight.
08/15/06	RIS-06-16	Transfer of the Management Oversight Of Certain NRC Region I Licensees in Mississippi To the NRC Region IV Office	All NRC materials licensees.
09/14/06	RIS-06-19	Availability of Guidance on Radioactive Seed Localization	All NRC medical licensees.
08/31/06	RIS-06-18	Requesting Exemption from the Public Dose Limits for Certain Caregivers of Hospital Patients	All NRC medical licensees.
09/22/06	RIS-06-14	Enforcement Discretion for Facility Changes Under 10 CFR 70.72(c)(2)	All fuel cycle licensees regulated under Title 10 of the *Code of Federal Regulations* (10 CFR) Part 70, Subpart H.
07/20/06	RIS-06-11	Requesting Quality Assurance Program Approval Renewals Online by Electronic Information Exchange	All 10 CFR Part 71 quality assurance program and certificate holders.
04/23/06	RIS-06-10	Use of Concentration Control for Criticality Safety	All licensees authorized to possess a critical mass of special nuclear material.
01/26/06	RIS-02-15, Rev. 1	NRC Approval of Commercial Data Encryption Products For the Electronic Transmission Of Safeguards Information	All authorized recipients and holders of sensitive unclassified safeguards information (SGI).
01/24/06	RIS-06-01	Expiration Date for NRC-Approved Spent Fuel Transportation Routes	The U.S. Nuclear Regulatory Commission (NRC) licensees who transport, or deliver to a carrier for transport, irradiated reactor fuel (spent nuclear fuel (SNF)).
01/13/06	RIS-05-27, Rev. 1	NRC Timeliness Goals, Prioritization of Incoming License Applications and Voluntary Submittal of Schedule for Future Actions for NRC Review	All 10 CFR Parts 71 and 72 licensees and certificate holders.

Date	GC No.	Subject	Addressees
07/10/06	IN-06-13	Ground-Water Contamination Due to Undetected Leakage of Radioactive Water	All holders of operating licenses for nuclear power and research and test reactors including those who have permanently ceased operations and have certified that fuel has been permanently removed from the reactor and those authorized by Title 10 of the *Code of Federal Regulations* (10 CFR) Part 72 licenses to store spent fuel in water-filled structures.
07/06/06	IN-06-12	Exercising Due Diligence When Transferring Radioactive Materials	All materials licensees.
06/12/06	IN-06-11	Applicability of Patient Intervention in Determining Medical Events for Gamma Stereotactic Radiosurgery and Other Therapy Procedures	All medical licensees.
03/31/06	IN-06-07	Inappropriate Use of a Single-parameter Limit as a Nuclear Criticality Safety Limit	All licensees authorized to possess a critical mass of special nuclear material.
03/21/06	IN-02-23, Supl. 1	Unauthorized Administration of Byproduct Material for Medical Use	All medical licensees.
01/19/06	IN-06-02	Use of Galvanized Supports and Cable Trays with Meggitt Si 2400 Stainless- Steel-jacketed Electrical Cables	All holders of operating licenses for nuclear reactors except those who have permanently ceased operations and have certified that fuel has been permanently removed from the reactor vessel; and fuel cycle licensees and certificate holders.

Note: NRC generic communications may be found on the NRC public website at http://www.nrc.gov, under Electronic Reading Room/Document Collections.

Licensing Guidance for using the NRC FORM 313A Series of Forms

Documentation of Training and Experience to Identify Individuals on a License as Authorized User, Radiation Safety Officer, Authorized Nuclear Pharmacist, or Authorized Medical Physicist

I. Experienced Authorized Users, Authorized Medical Physicists, Authorized Nuclear Pharmacists, or Radiation Safety Officer

An applicant or licensee that is adding an experienced authorized user, authorized medical physicist, authorized nuclear pharmacist, or Radiation Safety Officer to its medical use license only needs to provide evidence that the individual is listed on a medical use license issued by the Commission or Agreement State, a permit issued by a Commission master material licensee, a permit issued by a Commission or Agreement State broad scope licensee, or a permit issued by a Commission master material broad scope permittee before October 25, 2005 provided that the individual is authorized for the same types of use(s) requested in the application under review, and the individual meets the recentness of training criteria described in 10 CFR 35.59. When adding an experienced authorized nuclear pharmacist to the license, the applicant also may provide evidence that the individual is listed on an NRC or Agreement State commercial nuclear pharmacy license or identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy authorized to identify authorized nuclear pharmacists. For individuals who have been previously authorized by, but not listed on, the commercial nuclear pharmacy license, medical broad scope license, or master materials license medical broad scope permit, the applicant should submit either verification of previous authorizations granted or evidence of acceptable training and experience.

II. Applications that Include Individuals for New Authorized User, Authorized Medical Physicist, Authorized Nuclear Pharmacist or Radiation Safety Officer Recognition by NRC

Applicants should submit the appropriate completed form in the NRC Form 313A series to show that the individuals meet the correct training and experience criteria in 10 CFR Part 35 subparts B, D, E, F, G. and H. For the applicant's convenience, the NRC Form 313A series has been separated into six separate forms. The forms are NRC FORM 313A (RSO) for the Radiation Safety Officer; NRC FORM 313A (AMP) for the authorized medical physicist; NRC FORM 313A (ANP) for the authorized nuclear pharmacist; NRC FORM 313A (AUD) for the authorized user of the medical uses included in 35.100, 35.200, and/or 35.500; NRC FORM 313A (AUT) for the authorized user for the medical use included in 35.300; and NRC FORM 313A (AUS) for the authorized user for the medical uses included in 35.400 and/or 35.600.

There are two primary training and experience routes to qualify an individual as an authorized user, authorized medical physicist, authorized nuclear pharmacist, or Radiation Safety Officer. The first is by means of certification by a board recognized by NRC and listed on the NRC web site as provided in 10 CFR 35.50(a), 35.51(a), 35.55(a), 35.190(a), 35.290(a), 35.390(a), 35.392(a), 35.394(a), 35,490(a), 35.590(a), or 35.690(a). Preceptor attestations must also be submitted for all individuals to qualify under Subparts B and D through H. Additional training may need to also be documented for Radiation Safety Officers, authorized medical physicists, and 35.600 authorized users. The second route is by meeting the structured educational program, supervised work experience, and preceptor attestation requirements in 10 CFR Part 35, subparts B, D, E, F, G, and H.

In some cases there may be additional training and experience routes for recognized authorized users, authorized nuclear pharmacists, authorized medical physicists or Radiation Safety Officers to seek additional authorizations.

III. Recentness of Training

The required training and experience, including board certification, described in 10 CFR Part 35 must be obtained within the 7 years preceding the date of the application, or the individual must document having had related continuing education, retraining, and experience since obtaining the required training and experience. Examples of acceptable continuing education and experience include the following:

1. Successful completion of classroom and laboratory review courses that include radiation safety practices relative to the proposed type of authorized medical use;
2. Practical and laboratory experience with patient procedures using radioactive material for the same use(s) for which the applicant is requesting authorization;
3. Practical and laboratory experience under the supervision of an AU at the same or another licensed facility that is authorized for the same use(s) for which the applicant is requesting authorization; and
4. For therapy devices, experience with the therapy unit and/or comparable linear accelerator experience and completion of an in-service review of operating and emergency procedures relative to the therapy unit to be used by the applicant.

IV. General Instructions and Guidance for Filling Out NRC Form 313A Series

If the applicant is proposing an individual for more than one type of authorization, the applicant may need to either submit multiple NRC Form 313A series forms or fill out some sections more than once. For example, an applicant that requests a physician be authorized for 35.200 and 35.300 medical uses and as the RSO, needs to provide three completed NRC Form 313A series forms, i.e., NRC Form 313A (RSO), NRC Form 313A (AUD) and NRC Form 313A (AUT).

Also, if the applicant requests a physician be authorized for both high dose rate remote afterloading and gamma stereotactic radiosurgery under 35.600, only one form, NRC Form 313A (AUS) needs to be completed, but one part (i.e., "Supervised Work and Clinical Experience") must be filled out twice.

If you need to identify a license and it is an Agreement State license, provide a copy of the license. If you need to identify a Master Materials License permit, provide a copy of the permit. If you need to identify an individual (i.e., supervising individual or preceptor) who is authorized under a broad scope license or broad scope permit of a Master Materials License, provide a copy of the permit issued by the broad scope licensee/permittee. Alternatively, you may provide a statement signed by the Radiation Safety Officer or chairperson of the Radiation Safety Committee similar to the following: "_____(name of supervising individual or preceptor) is authorized under _____(name of licensee/permittee) broad scope license number_____ to use_____(materials) during _____(time frame)".

INTRODUCTORY INFORMATION

Name of individual

Provide the individual's complete name so that NRC can distinguish the training and experience received from that received by others with a similar name.

Note: Do not include personal or private information (e.g., date of birth, social security number, home address, personal phone number) as part of your qualification documentation.

State or territory where licensed

NRC requires physicians, dentists, podiatrists, and pharmacists to be licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to prescribe drugs in the practice of medicine, practice of dentistry, practice of podiatry, or practice of pharmacy, respectively (see definition of "Physician" in 10 CFR 35.2).

Requested Authorization(s)

Check all authorizations that apply and fill in the blanks as provided.

Part I. Training and Experience

There are always multiple pathways provided for each training and experience section. Select the applicable one.

Item 1. Board Certification

The applicant or licensee may use this pathway if the proposed new authorized individual is certified by a board recognized by NRC (to confirm that NRC recognizes that boards certifications see NRC's web page http://www.nrc.gov/materials/miau/med-use-toolkit.html).

Note: An individual that is board eligible will not be considered for this pathway until the individual is actually board certified. Further, individuals holding other board certifications will also not be considered for this pathway.

The applicant or licensee will need to provide a copy of the board certification and other training, experience, or clinical casework as indicated on the specific form of the NRC Form 313A series.

All applicants under this pathway (except for 35.500 uses) must submit a completed Part II Preceptor Attestation.

Item 2. Current Authorized Individuals Seeking Additional Authorizations

Provide the information requested for training, experience, or clinical casework as indicated on the specific form of the NRC Form 313A series. (***Note:*** This section does not include individuals who are authorized only on foreign licenses.)

All applicants under this pathway must submit a completed Part II Preceptor Attestation.

Item 3. Training and Experience for Proposed New Authorized Individuals

This pathway is used for those individuals not listed on the license as an authorized individual, who cannot meet requirements for the board certification pathway.

The proposed authorized individual is not required to receive the classroom and laboratory training, supervised work experience, or clinical casework at any one location or at one time, therefore space is provided to identify each location and date of training or experience. The date should be provided in the month/day/year format. The clock hours must be indicated for those individuals that must meet a minimum number of training and work experience hours. The specific number of hours needed for each training element will depend upon the type of approval sought.

Note: Classroom and Laboratory Training or Didactic Training may be provided at medical teaching/university institutions. In some cases, a course may be provided for that particular need and taught in consecutive days; in others, the period may be a semester or quarter as part of the formal curriculum. The required “structural educational programs” or “training” may be obtained in any number of settings, locations, and educational situations.

The NRC expects that clinical laboratory hours credited toward meeting the requirements for classroom and laboratory training will involve training in radiation safety aspects of the medical use of byproduct material. The NRC recognizes, for example, that physicians in training may not dedicate all of their clinical laboratory time specifically to the subject areas covered in these subparts and will be attending to other clinical matters involving the medical use of the material under the supervision of an AU (e.g., reviewing case histories or interpreting scans). However, those hours spent on other duties, not related to radiation safety, should not be counted toward the minimum number of hours of required classroom and laboratory training in radiation safety. This type of supervised work experience, even though not specifically required by the NRC, may be counted toward the supervised work experience to obtain the required total hours of training.

Similarly, the NRC recognizes that clinicians will not dedicate all of their time in training specifically to the subject areas described and will be attending to other clinical matters. The NRC will broadly interpret "classroom training" to include various types of instruction received by candidates for approval, including online training, as long as the subject matter relates to radiation safety and safe handling of byproduct material.

Note: If the proposed new authorized individual had more than one supervisor, provide the information requested for each supervising individual.

Part II. Preceptor Attestation

The NRC defines the term "preceptor" in 10 CFR 35.2, "Definitions," to mean "an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, or a Radiation Safety Officer." While the supervising individual for the work experience may also be the preceptor, the preceptor does not have to be the supervising individual as long as the preceptor directs or verifies the training and experience required. The preceptor must attest in writing regarding the training and experience of any individual to serve as an authorized individual and attest that the individual has satisfactorily completed the appropriate training and experience criteria and has achieved a level of competency or a level of radiation safety knowledge sufficient to function independently. This preceptor also has to meet specific requirements.

The NRC may require supervised work experience conducted under the supervision of an authorized individual in a licensed material use program. In this case, a supervisor is an individual who provides frequent direction, instruction, and direct oversight of the student as the student completes the required work experience in the use of byproduct material.

Supervision may occur at various licensed facilities, from a large teaching university hospital to a small private practice.

The NRC Form 313A series Part II - Preceptor Attestation pages have multiple sections. The preceptor must complete an attestation of the proposed user's training, experience, and competency to function independently, as well as provide information concerning his/her own qualifications and sign the attestation. Because there are a number of different pathways to obtain the required training and experience for different authorized individuals, specific instructions are provided below for each NRC 313A series form.

V. RADIATION SAFETY OFFICER - Specific Instructions and Guidance for Filling Out NRC Form 313A (RSO)

See Section IV. "General Instructions and Guidance for Filling out NRC Form 313A Series" for additional clarification on providing information about an individual's status on an Agreement State license, medical broad scope license, or Master Materials License permit.

Part I. Training and Experience - select one of four methods below:

Item 1. Board Certification

Provide the requested information, i.e., a copy of the board certification, documentation of specific radiation safety training for all types of use on the license, and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in 3.c and his/her qualifications if the source of this training was a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Item 2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Use(s) Checked above.

Provide the requested information, i.e., documentation of specific radiation safety training (complete the table in 3.c) and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the specific radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in 3.c and his/her qualifications if the source of this training was a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Item 3. Structured Educational Program for Proposed New Radiation Safety Officer

As indicated on the form, additional information is needed if the training, supervised radiation safety experience, and specific radiation safety training was completed more than 7 years ago.

Submit a completed section 3.a.

Submit a completed section 3.b. The individual must have completed one year of full-time radiation safety experience under the supervision of a Radiation Safety Officer. This is documented in section 3.b by providing the ranges of dates for supervised radiation safety experience. If there was more than one supervising individual, identify each supervising individual by name and provide their qualifications.

Provide the requested information, i.e., documentation of specific radiation safety training for each use on the license (complete the table in 3.c). Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. The applicant only has to identify the supervising individual in the table in 3.c and his/her qualifications if the source of this training was a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Submit a completed preceptor attestation in Part II.

Item 4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist Identified on the Licensee's License

Provide the requested information, i.e., the license number and documentation of specific radiation safety training for each use on the license (complete the table in 3.c). As indicated on the form, additional information is needed if the specific radiation safety training was greater than 7 years ago.

Specific radiation safety training for each type of use on the license may be supervised by a Radiation Safety Officer, an authorized medical physicist, authorized nuclear pharmacist, or authorized user who is authorized for that type of use. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Part II. Preceptor Attestation

The Preceptor Attestation page has four sections.

- The attestation to the new proposed Radiation Safety Officer's training or identification on the license as an authorized user, authorized medical physicist, or authorized nuclear pharmacist is in the first section.
- The attestation for the specific radiation safety training is in the second section.
- The attestation of the individual's competency to function independently as a Radiation Safety Officer for a medical use license is in the third section.
- The fourth and final section requests specific information about the preceptor's authorization as a Radiation Safety Officer on a medical use license in addition to the preceptor's signature.

The preceptor for a new proposed Radiation Safety Officer must fill out all four sections of this page.

The preceptor for a Radiation Safety Officer seeking authorization to be recognized as a Radiation Safety Officer for the additional medical use(s) must fill out the second, third, and fourth sections.

VI. AUTHORIZED MEDICAL PHYSICIST - Specific Instructions and Guidance for Filling Out NRC Form 313A (AMP)

See Section IV. "General Instructions and Guidance for Filling out NRC Form 313A Series" for additional clarification on providing information about an individual's status on an Agreement State license, medical broad scope license, or Master Materials License permit.

Part I. Training and Experience - select one of the three methods below

Item 1. Board Certification

Provide the requested information, i.e., a copy of the board certification, documentation of device specific training in the table in 3.c, and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising individual provided the training identify each supervising individual by name and provide their qualifications.

Item 2. Current Authorized Medical Physicist Seeking Additional Uses(s) Checked above

Provide the requested information, i.e., documentation of device specific training (complete the table in 3.c) and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identifythe supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising medical physicist provided the training identify each supervising individual by name and provide their qualifications.

Item 3. Training and Experience for Proposed Authorized Medical Physicist

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed section 3.a. Submit documentation of your graduate degree, for example, a copy of your diploma or transcript from an accredited college or university.

Submit a completed section 3.b. The individual must have completed one year of full time training in medical physics and an additional year of full time work experience which cannot be concurrent. This is documented in 3.b by providing the ranges of dates for training and work experience.

If the proposed authorized medical physicist had more than one supervisor, provide the information requested in section 3.b for each supervising individual. If the supervising individual is not an authorized medical physicist, the applicant must provide documentation that the supervising individual meets the requirements in 35.51 and 35.59.

Submit a completed section 3.c for each specific device for which the applicant is requesting authorization.

Device specific training may be provided by the vendor, or a supervising medical physicist authorized for the requested type of use. The applicant only has to identify the supervising medical physicist in the table in 3.c and his/her qualifications if this was the source of training. If more than one supervising medical physicist provided the training identify each supervising individual by name and provide their qualifications.

Submit a completed preceptor attestation in Part II.

Part II. Preceptor Attestation

The Preceptor Attestation page has four sections.

- The attestation to the proposed authorized medical physicist's training is in the first section.
- The attestation for the device specific training is in the second section.

- The attestation of the individual's competency to function independently as an authorized medical physicist for the specific devices requested by the applicant is in the third section.
- The fourth and final section requests specific information about the preceptor's authorizations to use licensed material in addition to the preceptor's signature.

The preceptor for a proposed new authorized medical physicist must fill out all four sections of this page. The preceptor for an authorized medical physicist seeking additional authorizations must complete the last three sections.

VII. AUTHORIZED NUCLEAR PHARMACIST - Specific Instructions and Guidance for Filling Out NRC Form 313A (ANP)

See Section IV. "General Instructions and Guidance for Filling out NRC Form 313A Series" for additional clarification on providing information about an individual's status on an Agreement State license, medical broad scope license, or Master Materials License permit.

Part I. Training and Experience - select one of the two methods below

Item 1. Board Certification

Provide the requested information, i.e., a copy of the board certification and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification was greater than 7 years ago.

Item 2. Structured Educational Program for a Proposed Authorized Nuclear Pharmacist

As indicated on the form, additional information is needed if the training and/or supervised practical experience was completed more than 7 years ago.

Submit completed sections 2.a and 2.b. If the proposed new nuclear pharmacist had more than one supervisor, provide the name of each supervising individual in section 2.b.

Submit a completed preceptor attestation.

Part II. Preceptor Attestation

The Preceptor Attestation page has two sections. The preceptor must select either the board certification or the structured educational program when filling out the first section on this page.

The second and final section of the page requests specific information about the preceptor's authorization to use licensed material in addition to the preceptor's signature.

VIII. 35.100, 35.200, AND 35.500 AUTHORIZED USERS - Specific Instructions and Guidance for Filling Out NRC Form 313A (AUD)

See Section IV. "General Instructions and Guidance for Filling out NRC Form 313A Series" for additional clarification on providing information about an individual's status on an Agreement State license, medical broad scope license, or Master Materials License permit.

Part I. Training and Experience - select one of the three methods below

Item 1. Board Certification

Provide the requested information, i.e., a copy of the board certification and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification was greater than 7 years ago.

Item 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

(a) Fill in the blank in section 2.a with the current license number on which the proposed user is listed.

(b) Provide a description of the proposed user's experience that meets the requirements of 35.290 (c)(1)(ii)(G) as shown in the table in 2.b As indicated on the form, additional information is needed if this experience was obtained more than 7 years ago.

List each supervising individual by name and include the license showing the supervising individual as an authorized user.

Item 3. Training and Experience for Proposed Authorized Users

As indicated on the form, additional information is needed if the training and/or work experience was completed more than 7 years ago.

Note: Providing the training and experience information required under 35.290 will allow the individual to be authorized to use materials permitted by both 35.100 and 35.200.

Submit a completed section 3.a for each proposed authorized use.

Submit a completed section 3.b, except for 35.500 uses. If the proposed user had more than one supervisor, provide the information requested in section 3.b for each supervising individual.

Submit a completed section 3.c for 35.500 uses.

Submit a completed preceptor attestation, except for 35.500 uses.

Part II. Preceptor Attestation

The Preceptor Attestation page has two sections.

The attestations for training and experience requirements in 10 CFR 35.190 and 35.290 are found in the first section.

The second and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature

The preceptor must fill out both sections.

Note: The attestation to the proposed user's training and competency to function independently under 35.190 covers the use of material permitted by 35.100 only. The attestation to the proposed user's training and competency to function independently under 35.290 training will allow the individual to be authorized to use material permitted by both 35.100 and 35.200.

IX. 35.300 AUTHORIZED USER - Specific Instructions and Guidance for Filling Out NRC Form 313A (AUT)

See Section IV. "General Instructions and Guidance for Filling out NRC Form 313A Series" for additional clarification on providing information about an individual's status on an Agreement State license, medical broad scope license, or Master Materials License permit.

Part I. Training and Experience - select one of the three methods below

Item 1. Board Certification

If you are a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under 35.300 on NRC's website, provide the requested information, i.e., a copy of the board certification, documentation of supervised clinical experience (complete the table in section 3.c), and completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or supervised clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If you are a radiation oncologist whose board certification is not listed under 35.300 on NRC's website, provide the requested information (i.e., a copy of the board certification listed under either 35.400 or 35.600 on NRC's website; documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in sections 3.a and 3.b); documentation of supervised clinical experience (complete the table in section 3.c); and completed preceptor attestation). As indicated on the form, additional information is needed if the board certification, training and supervised work experience or clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

Item 2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

Submit a completed section 2.a, listing the license number and the user's current authorizations.

If you are currently authorized for a subset of clinical uses under 35.300, submit the requested information, i.e., complete the table in section 3.c to document your new supervised clinical case experience and the completed preceptor attestation . As indicated on the form, additional

information is needed if the clinical case experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

If you are currently authorized under 35.490 or 35.690 and meet the requirements in 35.396, submit the requested information, i.e., documentation of training and supervised work experience with unsealed materials requiring a written directive (complete the tables in sections 3.a and 3.b); documentation of supervised clinical experience (complete the table in section 3.c); and completed preceptor attestation). As indicated on the form, additional information is needed if the training and supervised work experience or clinical experience was greater than 7 years ago. List each supervising individual by name and include the license showing the supervising individual as an authorized user.

Item 3. Training and Experience for Proposed Authorized Users

As indicated on the form, additional information is needed if the degree, training and/or work experience was completed more than 7 years ago.

Submit a completed section 3.a.

Submit a completed section 3.b. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed section 3.c for each requested authorization. List each supervising individual by name and include the license number showing the supervising individual as an authorized user.

Submit a completed preceptor attestation in Part II.

Part II. Preceptor Attestation

The Preceptor Attestation page has five sections.

The attestations for training and experience requirements in 35.390, 35.392, and 35.394 are in the first section.

The attestation for supervised clinical experience is in the second section.

The attestations for competency to function independently as an authorized user for specific uses is in the third section.

The attestation for training and experience requirements and competency to function independently for radiation oncologist meeting the requirements in 35.396 is in the fourth section.

The fifth and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature.

There are seven possible categories of individuals seeking authorized user status under this form. Follow the instructions for the applicable category.

The preceptor for a proposed authorized user who is a nuclear medicine physician, radiologist, or radiation oncologist with a board certification listed under 35.390 on NRC's website must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for all the uses listed in 35.390(b)(1)(ii)(G) who is a radiation oncologist with a board certification that is not listed under 35.390 on NRC's website must complete the first, second, third, and fifth sections of this part.

The preceptor for a proposed authorized user for 35.390(b)(1)(ii)(G)(iii) and (iv) uses who is a radiation oncologist with a board certification listed under 35.490 or 35.690 on NRC's website must complete the fourth and fifth sections of this part.

The preceptor for an authorized user who is currently authorized for a subset of clinical uses under 35.300 must complete the second, third, and fifth sections of this part, except for an authorized user meeting the criteria in 35.392 seeking to meet the training and experience requirements under 35.394.

The preceptor for an authorized user meeting the criteria in 35.392 seeking to meet the training and experience requirements under 35.394 must complete the first, second, third, and fifth sections of this part.

The preceptor for an authorized user currently authorized under 35.490 or 35.690 and meeting the requirements in 35.396 must complete the fourth, and fifth sections of this part.

The preceptor for a proposed new authorized user must complete the first, second, third and fifth sections of this part.

X. 35.400 AND 35.600 AUTHORIZED USERS - Specific Instructions and Guidance for Filling Out NRC Form 313A (AUS)

See Section IV. "General Instructions and Guidance for Filling out NRC Form 313A Series" for additional clarification on providing information about an individual's status on an Agreement State license, medical broad scope license, or Master Materials License permit.

Part I. Training and Experience - select one of the three methods below

Item 1. Board Certification

Provide the requested information, i.e., a copy of the board certification, for 35.600 uses documentation of device specific training in the table in 3.e, and for all uses a completed preceptor attestation. As indicated on the form, additional information is needed if the board certification or device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor for new users, or either a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in 3.e and his/her qualifications if this was the source of training. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Item 2. Current 35.600 Authorized User requesting Additional Authorization for 35.600 Use(s) Checked above

Provide the requested information, i.e., documentation of device specific training (complete the table in 3.e) and completed preceptor attestation in Part II. As indicated on the form, additional information is needed if the device specific training was greater than 7 years ago.

Device specific training may be provided by the vendor, or a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in 3.e and his/her qualifications if this was the source of training. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Item 3. Training and Experience for Proposed Authorized User

As indicated on the form, additional information is needed if the training, residency program, supervised work and clinical experience was completed more than 7 years ago.

Submit a completed section 3.a for each requested use.

Submit a completed section 3.b if applying for 35.400 uses. However, section 3.b does not have to be completed when only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised work and clinical experience identify each supervising individual by name and provide their qualifications.

Submit a completed section 3.c if only applying for use of strontium-90 for ophthalmic use. If more than one supervising authorized user provided the supervised clinical experience identify each supervising individual by name and provide their qualifications.

Submit a completed section 3.d for each requested 35.600 use. If more than one supervising authorized user provided the supervised work and clinical experience, identify each supervising individual by name and provide their qualifications.

Submit a completed section 3.e for each specific 35.600 device for which the applicant is requesting authorization.

Device specific training may be provided by the vendor, or a supervising authorized user or authorized medical physicist authorized for the requested type of use. The applicant only has to identify the supervising authorized user or authorized medical physicist in the table in 3.e and his/her qualifications if this was the source of training. If more than one supervising individual provided the training, identify each supervising individual by name and provide their qualifications.

Submit a completed preceptor attestation in Part II.

Part II. Preceptor Attestation

The Preceptor Attestation part has five sections.

- The attestation to the training and individuals competency for 35.400 uses or strontium 90 eye applicator use is in the first section.
- The attestation to the training for the proposed authorized user for 35.600 uses is in second section.

- The attestation for the 35.600 device specific training is in the third section.
- The attestation of the individual's competency to function independently as an authorized user for the specific 35.600 devices requested by the applicant is in the fourth section.
- The fifth and final section requests specific information about the preceptor's authorization(s) to use licensed material in addition to the preceptor's signature.

The preceptor for a 35.400 proposed authorized user must fill out the first and fifth sections of this Part.

The preceptor for a 35.600 proposed authorized user must fill out the second, third, fourth and fifth sections.

The preceptor for an authorized user seeking additional 35.600 authorizations must complete the third, fourth, and fifth sections.

NRC FORM 313A (RSO) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Radiation Safety Officer

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply)*:

☐ 35.100 ☐ 35.200 ☐ 35.300 ☐ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)

☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

PART I -- TRAINING AND EXPERIENCE

(Select one of the four methods below)

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

OR

☐ **2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.

b. Skip to and complete Part II Preceptor Attestation.

OR

☐ **3. Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
Total Hours of Training:			

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer** (continued)

b. Supervised Radiation Safety Experience
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer (continued)**

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer

This license authorizes the following medical uses:

☐ 35.100 ☐ 35.200 ☐ 35.300 ☐ 35.400

☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)

☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

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(10-2006)

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual

License/Permit lists supervising individual as:

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

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

☐ 35.100 ☐ 35.200 ☐ 35.300 ☐ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

d. Skip to and complete Part II Preceptor Attestation.

OR

☐ 4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license

a. Provide license number.

b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following:

☐ 1. Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

☐ 2. Structured Educational Program for Proposed Radiation Safety Officers

☐ I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)
Check one of the following:

☐ 3. Additional Authorization as Radiation Safety Officer

☐ I attest that _____ is an
Name of Proposed Radiation Safety Officer

☐ Authorized User ☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section
Complete for all *(check all that apply)*:

☐ I attest that _____ has training in the radiation safety, regulatory issues, and
Name of ProposedRadiation Safety Officer

emergency procedures for the following types of use:

☐ 35.100

☐ 35.200

☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☐ 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 35.300 parenteral administration of any other radionuclide for which a written directive is required

☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

_____

_____

_____

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

☐ I attest that _____ has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for _____
Name of Facility

License/Permit Number: _____

Name of Preceptor	Signature	Telephone Number	Date

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NRC FORM 313A (AMP) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized Medical Physicist

Requested Authorization(s) (check all that apply)

- ☐ 35.400 Ophthalmic use of strontium-90
- ☐ 35.600 Teletherapy unit(s)
- ☐ 35.600 Remote afterloader unit(s)
- ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE

(Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.

c. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

a. Go to the table in section 3.c. to document training for new device.

b. Skip to and complete Part II Preceptor Attestation

☐ **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
College or University	

b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

☐ Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

☐ Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

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AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), sterotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual**	License/Permit Number listing supervising individual as an authorized Medical Physicist

for the following types of use:

☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

\+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

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AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			
Supervising Individual *If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*		License/Permit Number listing supervising individual as an authorized Medical Physicist	

for the following types of use:

☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

NRC FORM 313A (AMP) U.S. NUCLEAR REGULATORY COMMISSION
(10-2006)

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following:

1. Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☐ I attest that _____ has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section
Complete the following:

☐ I attest that _____ has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section
Complete the following:

☐ I attest that _____ has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☐ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section
Complete the following for preceptor attestation and signature:

☐ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☐ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

NRC FORM 313A (ANP) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.55]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized Nuclear Pharmacist	State or Territory Where Licensed

PART I -- TRAINING AND EXPERIENCE

(Select one of the two methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the nuclear pharmacy uses.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. Skip to and complete Part II Preceptor Attestation.

☐ **2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
Total Hours of Training:			

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U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist (continued)

b. Supervised Practical Experience in a Nuclear Pharmacy.

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Shipping, receiving, and performing related radiation surveys			
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides			
Calculating, assaying, and safely preparing dosages for patients or human research subjects			
Using administrative controls to avoid medical events in administration of byproduct material			
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures			
Total Hours of Experience:			
Supervising Individual			

c. Go to and complete Part II Preceptor Attestation.

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U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Nuclear Pharmacist

10 CFR 35.55(a)(1), (a)(2), and (a)(3) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

OR

Structured Educational Program

☐ I attest that _____ has satisfactorily completed a 700-hour structured
Name of Proposed Authorized Nuclear Pharmacist

educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 10 CFR 35.55(b)(1) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

Second Section
Complete the following for preceptor attestation and signature:

I am an Authorized Nuclear Pharmacist for _____ ,
Nuclear Pharmacy or Medical Facility

_____ .
License/Permit Number

Name of Preceptor	Signature	Telephone Number	Date

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(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed

Requested Authorization(s) *(check all that apply)*

- ☐ 35.100 Uptake, dilution, and excretion studies
- ☐ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device _____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience:			

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

☐ 35.290 ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ 3. **Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use *(not required for 35.590)*			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials 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			

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material			
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures			
Administering dosages of radioactive drugs to patients or human research subjects			
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience:			

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the requirements in 10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the requirements in 10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section
Complete the following for preceptor attestation and signature:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

NRC FORM 313A (AUT) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2006

Name of Proposed Authorized User	State or Territory Where Licensed

Requested Authorization(s) *(check all that apply)*:

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☐ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 35.300 Parenteral administration of any other radionuclide for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials 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 involving the use of unsealed byproduct material			
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures			
Total Hours of Supervised Work Experience:			

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
☐ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience
If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral adminstration of any other radionuclide for which a written directive is required _____ (List radionuclides)			

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
☐ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following for each requested authorization:

For 35.390:

Board Certification

☐ I attest that _____ has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☐ I attest that _____ has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☐ I attest that _____ has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral adminstration of any other radionuclide for which a written directive is required

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral adminstration of any other radionuclide for which a written directive is required

Fifth Section
Complete the following for preceptor attestation and signature:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

☐ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

NRC FORM 313A (AUS) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed

Requested Authorization(s) (check all that apply)

- ☐ 35.400 Manual brachytherapy sources
- ☐ 35.600 Teletherapy unit(s)
- ☐ 35.400 Ophthalmic use of strontium-90
- ☐ 35.600 Gamma stereotactic radiosurgery unit(s)
- ☐ 35.600 Remote afterloader unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.

c. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

a. Go to the table in section 3.e. to document training for new device.

b. Skip to and complete Part II Preceptor Attestation.

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☐ 35.490 ☐ 35.491 ☐ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Total Hours of Training:			

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 *(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)*

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Checking survey meters for proper operation			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of byproduct material			
Using emergency procedures to control byproduct material			
Total Hours of Work Experience			

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks			
Preparing treatment plans and calculating treatment doses and times			
Using administrative controls to prevent a medical event involving the use of byproduct material			
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			
Checking and using survey meters			
Selecting the proper dose and how it is to be administered			
Total Hours of Work Experience			

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation			
Safety procedures for the device use			
Clinical use of the device			

Supervising Individual. *If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)*	License/Permit Number listing supervising individual as an Authorized User

Authorized for the following types of use:

☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User
classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User
classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.690(a)(1).

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User
and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

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(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☐ I attest that _____ has received training required in 35.690(c) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

☐ I attest that _____ has achieved a level of competency sufficient to
Name of Proposed Authorized User

achieve a level of competency sufficient to function independently as an authorized user for:

☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☐ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

☐ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

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