Virginia Department of Health
Radioactive Materials Program
(804) 864-8150

TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – C
(Unsealed Radioactive Material Requiring Written Directive)

The Virginia Department of Health (VDH) is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material.

Instructions: Complete all applicable items. Refer to VAREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

Name of Individual

State Licensure

☐ A copy of license to practice medicine in Virginia is attached

Requested Authorization(s) (check all that apply)

☐ 12VAC5-481-1950 Use of unsealed radioactive material for which a written directive is required

OR

☐ 12VAC5-481-1950 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 Gigabecquerels (33 millicuries)

☐ 12VAC5-481-1950 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 Gigabecquerels (33 millicuries)

☐ 12VAC5-481-1950 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

☐ 12VAC5-481-1950 Parenteral administration of any other radionuclide, for which a written directive is required

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Certification (attach copy of current certificate)

Specialty Board	Category	Month and Year Certified

Provide documentation on supervised clinical case experience. The table in section 4 may be used.

Note: Items 2-3 do not need to be completed when using Board Certification to meet **12VAC5-481, Part VII**, training and experience requirements.

2. Classroom and Laboratory Training.

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

3. Supervised Work Experience

Description of Experience	Dates and Clock Hours of Experience
Ordering, receiving and unpacking radioactive materials 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 preparing patient or human research subject dosages.	
Using administrative controls to prevent a medical event involving the use of unsealed material.	
Using procedures to contain spilled radioactive material and using proper decontamination procedures.	

a. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements In **12VAC5-481, Part VII,** provide the following information for each) an individual who meets the following requirements:

☐ 12VAC5-481-1980; ☐ 12VAC5-481-1990; ☐ 12VAC5-481-2000 ☐ 12VAC5-481-2001

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

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

Name of Supervising Individual

Name of License on which Supervising Individual is Authorized	Materials License Number –(Indicate which State or if NRC)

4. Supervised Clinical Case Experience

Description	Number of Cases Involving Personal Participation	Location	Date 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 a photon- emitting radionuclide with a photon energy less than 150 keV, for which a written directive is required			
Parenteral administration of any other radionuclide, for which a written directive is required			

a. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements In **12VAC5-481, Part VII,** provide the following information for each) an individual who meets the following requirements:

☐ 12VAC5-481-1980; ☐ 12VAC5-481-1990; ☐ 12VAC5-481-2000 ☐ 12VAC5-481-2001

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

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

Name of Supervising Individual

Name of License on which Supervising Individual is Authorized	Materials License Number –(Indicate which State or if NRC)

PART II – PRECPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

5. Preceptor Approval and Attestation

I attest that the individual named in Item 1:

a. Has satisfactorily completed the training requirements in (check all applicable):

- ☐ **12VAC5-481-1980** (Use of radioactive material authorized by **12VAC5-481-1950**)
- ☐ **12VAC5-481-1990** (Limited to use of sodium iodide I-131 in quantities ≤ 33 mCi)
- ☐ **12VAC5-481-2000** (Limited to use of sodium iodide I-131 in quantities ≥ 33 mCi)
- ☐ **12VAC5-481-2001(for the parental administration of unsealed byproduct material requiring a written directive)**

b. Has satisfactorily completed the required clinical case experience required in 12VAC5-481-1980 (as listed is section 4)

c. Has received a level of competency sufficient to function independently as an authorized user for the following:

- ☐ **12VAC5-481-1980** (Use of radioactive material authorized by **12VAC5-481-1950**)
- ☐ **12VAC5-481-1990** (Limited to use of sodium iodide I-131 in quantities ≤ 33 mCi)
- ☐ **12VAC5-481-2000** (Limited to use of sodium iodide I-131 in quantities ≥ 33 mCi)
- ☐ **12VAC5-481-2001(for the parental administration of unsealed byproduct material requiring a written directive)**

I meet VDH's requirements to be a preceptor authorized user for:

- ☐ **12VAC5-481-1980**
- ☐ **12VAC5-481-1990**
- ☐ **12VAC5-481-2000**
- ☐ **12VAC5-481-2001**

Name of License on which Preceptor is Authorized	Materials License Number –(Indicate which State or if NRC)

Print Name of Preceptor

SIGNATURE – Preceptor	Date Signed