

**RHB FORM 313A (CE)**  
(7-2010)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

**AUTHORIZED USER REFRESHER TRAINING AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, 35.300, 35.400, 35.500, and 35.600)**  
**[10CFR 35.190, 35.290, 35.390, 35.392, 35.394, 35.396, 35.590, and 35.690]**

Name of Proposed Authorized User

State or Territory Where Licensed

Requested Authorizations (*check all that apply*)

- ☐ 35.100 Uptake, dilution, and excretion studies
- ☐ 35.200 Imaging and localization studies
- ☐ 35.300 Use of unsealed byproduct material for which a written directive is required
- OR** (*select one of the subset of clinical uses for 35.300*)
- ☐ 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 any 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 Manual Brachytherapy sources      ☐ 35.400 Ophthalmic use of Strontium-90
- ☐ 35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)
- ☐ 35.600 Remote afterloader unit(s)      ☐ 35.600 Teletherapy unit(s)      ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

**PART I – TRAINING AND EXPERIENCE**  
**(Complete entire section)**

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

**1. Training and experience obtained over seven years ago:**

- ☐ 1. Board Certification
- Specialty Board and Category: \_\_\_\_\_
  - Month and Year Certified: \_\_\_\_\_

**OR**

- ☐ 2. Past Authorized User
- California Radioactive Materials Number: \_\_\_\_\_, or attach a copy of the NRC or Agreement State License.

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## CONTINUING EDUCATION AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

**2. Continuing education and experience within the past seven years:**

FIELD OF TRAINING A	LOCATION AND DATES OF TRAINING B	Type and Length of Training	
		LECTURE/ LABORATORY COURSES (HOURS) C	SUPERVISED LABORATORY EXPERIENCE (HOURS) D
a. Radiation physics and instrumentation			
b. Radiation protection			
c. Mathematics pertaining to use and measurement of radioactivity			
d. Chemistry of byproduct material for medical use (not required for 35.590)			
e. Radiation biology			

**4. Clinical Training and Experience (Use back if more space is needed)**

For 35.300 or any subset of clinical uses under 35.300, complete this section. For all others, skip to page 3.

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 administration of any other radionuclide for which a written directive is required (List radionuclides)			

Supervising Individual

License/Permit Number listing supervising individual as an authorized user (if not listed on a California Radioactive Materials License, attach a copy of NRC or Agreement State license)

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

<input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.396	With experience administering dosages of: <input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive <input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
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\*\*Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

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**CONTINUING EDUCATION AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****KEY TO COLUMN C—**Personal participation consists of:

- a. Supervised examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.
- b. Dose calibration and actual administration of dose to the patient including calculation of the radiation dose and related measurements.
- c. Supervised interpretation of results of diagnostic studies.
- d. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and therapy.

<b>ISOTOPE A</b>	<b>CONDITIONS DIAGNOSED OR TREATED B</b>	<b>NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C</b>	<b>COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets) D</b>

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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**☐

I attest that \_\_\_\_\_ has satisfactorily completed the training and experience

Name of Proposed Authorized User

documented in this form and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses requested above.

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**CONTINUING EDUCATION AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****Second Section (required for 35.390, 35.392, 35.394, and 35.396 only)****Complete and continue to Third 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, and has satisfactorily achieved a level of competency to function independently as an authorized user for:

- ☐ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ Oral Nal-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
- ☐ Parenteral administration of any other radionuclide requiring a written directive

**Third 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
- ☐ 35.392      ☐ 35.394      ☐ 35.396

**Complete the following for 35.390, 35.392, 35.394, and 35.396.**

- ☐ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.
- ☐ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ Oral Nal-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
- ☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
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License/Permit Number and Facility Name (if not a California Radioactive Materials License, attach a copy of NRC or Agreement State license)