

## TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - B (Authorized User -Written Directive Not Required)

The Wisconsin Department of Health Services 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. For authorized user of unsealed radioactive material - written directive not required (DHS 157.63(1) and (2).

**Instructions:** Complete all applicable items. Refer to WISREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the State of Wisconsin, Department of Health Services, P.O. Box 2659, Madison, WI 53701-2659.

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### PART I TRAINING AND EXPERIENCE

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

**1. Name of Individual**

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**2. State Licensure**

A copy of license to practice medicine in Wisconsin is attached.

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**3. Certification (attach copy of current certificate)**

Specialty Board	Category	Month and Year Certified

Note: Items 4-6 do not need to be completed when using Board Certification to meet Wis. Admin. Code DHS 157 Subchapter VI training and experience requirements.

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**4. Classroom and Laboratory Training**

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

**5. Supervised Work Experience**

Description of Experience	Dates and/or Clock Hours of Experience
Ordering, receiving and unpacking radioactive materials	
Instrumentation and radiation surveys	
Calculating, measuring and safely preparing dosages	
Using administrative controls to prevent a medical event	
Containing spilled radioactive material and using proper decontamination procedures	
Administering dosages of radioactive drugs to patients or human research subjects	
Eluting generator systems, testing the eluate and processing with reagent kits to prepare labeled radioactive drugs	
<input type="checkbox"/> N/A (Only DHS 157.63(1) authorization sought)	

**6. 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 Wisconsin Administrative Code, DHS 157 Subchapter VI, provide the following information for each):

- Supervisor meets the requirements of s. DHS 157.63(4), s. DHS 157.63(5) or s. DHS 157.61(10) or equivalent NRC or Agreement State requirements for the type(s) of use for which the individual named in Item 1 is seeking authorization.

Name of Supervising Individual

Name of License on which Supervising Individual is Authorized	Materials License Number (Indicate which state or if NRC)
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**PART II PRECEPTOR 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.

**7. Preceptor Approval and Attestation**

I meet DHS requirements to be a preceptor authorized user for  s. DHS 157.63(1) or  s. DHS 157.63(2) uses.

I attest that the individual named in Item 1:

Has satisfactorily completed the training requirements in  s. DHS 157.63(4) or  s. DHS 157.63(5).

AND

Has achieved a level of competency sufficient to function independently as an authorized user for  s. DHS 157.63(1) and/or  s. DHS 157.63(2) uses.

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