

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