

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 10 CFR 35.1000 for Radioactive Seed Localization)**

Note: All references to "35.XXX, " or "10 CFR 35.XXX" contained within this form refer to the incorporation by reference of 10 CFR Part 35 in R313-32.

Name of Proposed Authorized User	State or Territory Where Licensed
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Requested Authorization(s) *(check all that apply)*

- 35.1000 Sealed sources for localization of non-palpable lesions (I-125, Pd-103) [radioactive seed localization (RSL)]

**PART I – Individuals Currently authorized to use materials in 10 CFR 35.200 or 10 CFR 35.400
(Board certified or currently named on a license)
(Select one of the 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 radioactive seed localizations.

BOARD CERTIFICATION:

- 1. **Board Certification or Prior License Approval (If proposed AU has not met the Board certification requirements in §35.290 or §35.490 and is not named on a current license issued by an appropriate entity, skip to Section 4)**

- a. Provide a copy of the board certification from a recognized specialty board for

- 35.290*, "Training for imaging and localization studies"

OR

- 35.490**, "Training for the use of manual brachytherapy sources"; or

- b. If currently listed on a license or permit (NRC, Agreement Stat, Broad Scope License, or NRC Master Materials License) as an AU for either the medical use of 10 CFR 35.200 or 10 CFR 35.400 materials, provide the following:

Training Authorization §35.290* or §35.490**	Name of Licensee	License Number

* If Board certified or named on a license or permit for the use of materials described in 10 CFR 35.200 go to Number 2., "Current §35.290 Authorized User

** If Board certified or named on a license or permit for the use of materials described in 10 CFR 35.400 go to Number 3., "Current §35.490 Authorized User

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(Item 2 Continued)

c. Additional Training for current CFR 35.290 Authorized User Seeking RSL authorization:

Description of Training	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience ⁺
Training provided by a qualified RSL preceptor AU or a 10 CFR 35.290 AU experienced with sentinel node biopsy using photo emitting radiopharmaceuticals (e.g. technetium-99m) to include performing the related radiation surveys using the appropriate instrumentation (i.e., intraoperative gamma probe) to identify the location of an implanted seed(s) for excision		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervising Preceptor AU	License/Permit Number listing supervising individual as an authorized user		
Training Supervisor meets the requirements below, or equivalent Agreement State requirements (<i>check applicable</i>) <input type="checkbox"/> 35.290 Experienced with Sentinel Node Biopsy <input type="checkbox"/> Preceptor AU for RSL			

If the proposed authorized user holds an appropriate Board Certification or is currently named on a license for the use of materials described in 10 CFR 35.200, AND the requested information for the additional Training and Experience in Part I, Item 2 has been provided, stop here. Skip to and Complete Part II of this form.

3 Additional Training and Experience for 10 CFR 35.490 Authorized User Seeking Radioactive Seed Localization Authorization

a. Authorized user on Materials License meeting 10 CFR 35.290 or equivalent Agreement State requirements seeking authorization for RSL. OR appropriate Board Certification (state in Item 1 above)

Description of Training	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience ⁺
Training provided by a qualified RSL preceptor AU or a 10 CFR 35.290 preceptor AU experienced with sentinel node biopsy using photo emitting radiopharmaceuticals (e.g. technetium-99m) in the use of		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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instrumentation (i.e., intraoperative gamma probe) employed to identify the location of implanted seed(s) for excision			
Supervising Individual	License/Permit Number listing supervising individual as an authorized user		
Training Supervisor meets the requirements below, or equivalent Agreement State requirements (<i>check applicable</i>)			
<input type="checkbox"/> 35.290 Experienced with Sentinel Node Biopsy		<input type="checkbox"/> Preceptor AU for RSL	
If the proposed authorized user holds an appropriate Board Certification or is currently named on a license for the use of materials described in 10 CFR 35.400, AND the requested information for the additional Training and Experience in Part I, Item 3 has been provided, stop here. Skip to and complete Part II of this form.			

4. Training and Experience for Proposed Authorized User Not Board Certified or Currently Named on a Radioactive Materials License for the Use of Materials described in 10 CFR 35.290 or 10 CFR 35.490.

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training ⁺
Radiation physics and instrumentation			
Radiation protection			
Units of radioactivity and exposure;			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience in at least three cases of: (*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	Confirm	Dates of Experience ⁺
Supervised work experience which includes ordering, receiving, and		<input type="checkbox"/> Yes	

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unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> No s	
b. Supervised Work Experience (continued)			
Supervised work experience which includes characteristics, preparation, safe handling, precautions, and labeling of radioactive seeds and needles containing radioactive seeds. Proper methods for storage, inventory and disposal of sealed sources including decay in storage program		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervised work experience which includes using administrative controls to prevent a medical event		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervised work experience which includes instruction on procedures to safely mitigate contamination from a leaking, damaged or ruptured sealed source		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervised work experience which includes performing routine monitoring after all uses of the seeds to account for all seeds specified in the prescription and to ensure rapid identification and remediation of a damaged, ruptured, lost/missing or leaking source		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervised work experience which includes proper use and maintenance of appropriate instrumentation (i.e., intraoperative gamma probe) to identify the		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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location of an implanted seed(s) for excision			
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c. Additional Training for Proposed Authorized User Not Board Certified or Currently Named on a Radioactive Materials License for the Use of Materials described in 10 CFR 35.290 or 10 CFR 35.490:

Description of Training	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience ⁺
Training provided by a qualified RSL preceptor AU or a 10 CFR 35.290 AU experienced with sentinel node biopsy using photo emitting radiopharmaceuticals (e.g. technetium-99m) to include performing the related radiation surveys using the appropriate instrumentation (i.e., intraoperative gamma probe) to identify the location of an implanted seed(s) for excision		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervising Preceptor AU	License/Permit Number listing supervising individual as an authorized user		
Training Supervisor meets the requirements below, or equivalent Agreement State requirements (<i>check applicable</i>)			
<input type="checkbox"/> 35.290 Experienced with Sentinel Node Biopsy		<input type="checkbox"/> Preceptor AU for RSL	

Continue and complete Part II of this Form.

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. I attest that _____ has been named as an Authorized User for materials
Name of Proposed Authorized User
 in 10 CFR 35.200 or equivalent Agreement State requirements, or is certified by a specialty board as stated in 10 CFR 35.290(a); has successfully completed the additional supervised work experience and training listed in items 2.b and 2.c of this form; and has achieved a level of competency sufficient to function independently as an authorized user for the use of radioactive seed localization under 10 CFR 35.1000.

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OR

2. I attest that _____ has been named as an Authorized User for materials
Name of Proposed Authorized User
in 10 CFR 35.400 or equivalent Agreement State requirements, or is certified by a specialty board as stated in 10 CFR 35.490(a); has successfully completed the additional supervised work experience and training listed in items 3.b and 3.c of this form; and has achieved a level of competency sufficient to function independently as an authorized user for the use of radioactive seed localization under 10 CFR 35.1000.

3. I attest that _____ has satisfactorily completed the 80 hours of
Name of Proposed Authorized User
training and experience, including a minimum of 40 hours of classroom and laboratory training in the topics stated in item 4.a; has successfully completed the additional supervised work experience and training stated in items 4.b and 4.c of this form; and has achieved a level of competency sufficient to function independently as an authorized user for the use of radioactive seed localization under 10 CFR 35.1000.

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:
- 35.290 35.490 RSL Preceptor Authorized User

Name of Preceptor AU	Signature	Telephone Number	Date
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License/Permit Number/Facility Name