



**STATE OF CONNECTICUT  
DEPARTMENT OF ENERGY ENVIRONMENTAL PROTECTION**

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION  
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394 and 35.396]**



Name of Proposed Authorized User

State or Territory Where Licensed

Requested Authorization(s) (*check all that apply*):

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

**OR**

☐ 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 radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

**PART I -- TRAINING AND EXPERIENCE****(Select one of the three 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 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 the uses checked above.

☐ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. For 35.390, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.
- d. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), provide the following:
  - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
  - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- e. Stop here.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

- a. Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (*check all that apply*):

☐ 35.390      ☐ 35.392      ☐ 35.394      ☐ 35.490      ☐ 35.690

- b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

**Affirmative Action, Equal Employment Opportunity and Americans with Disabilities**

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or [deep.accommodations@ct.gov](mailto:deep.accommodations@ct.gov) if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.

**AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
<b>Total Hours of Training:</b>			

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience (continued)**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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Supervising individual meets the requirements below, or equivalent Agreement State requirements  
*(check all that apply)\*\*:*

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> 35.390 | With experience administering dosages of: |  |
| <input type="checkbox"/> 35.392 |   | <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"/> 35.394 |   | <input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)  |
| <input type="checkbox"/> 35.396 |   | <input type="checkbox"/> Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required. |
| <input type="checkbox"/> 35.57  |   |  |

**\*\*** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**c. Supervised Clinical Case Experience**

*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*

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 radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.			

**AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> 35.390 | With experience administering dosages of:  |
| <input type="checkbox"/> 35.392 | <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"/> 35.394 | <input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)  |
| <input type="checkbox"/> 35.396 | <input type="checkbox"/> Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required. |
| <input type="checkbox"/> 35.57  |  |

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed 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 not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for the requested authorization:**

**For 35.390:**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
 Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

**For 35.392:**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 80 hours of classroom  
 Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

**For 35.394:**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 80 hours of classroom  
 Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

**AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**

**Second 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:

- ☐ 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 radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

**Third Section**

☐ I attest that \_\_\_\_\_ is able to independently fulfill the radiation safety-related  
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

- ☐ 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 radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

**Fourth Section****For 35.396:****Current 35.490 or 35.690 authorized user:**

☐ I attest that \_\_\_\_\_ is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

- ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

**OR**

**Board Certification:**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the board certification  
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

**AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**

**Fifth Section**

**Complete one of the following for the attestation and signature:**

☐ **Authorized User**

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.390      ☐ 35.392      ☐ 35.394      ☐ 35.396      ☐ 35.57 for 35.300 uses

☐ 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 any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

**OR**

☐ **Residency Program Director:**

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:

☐ 35.390      ☐ 35.392      ☐ 35.394      ☐ 35.396      ☐ 35.57 for 35.300 uses

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

- ☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education
- ☐ Royal College of Physicians and Surgeons of Canada
- ☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.390      ☐ 35.392      ☐ 35.394      ☐ 35.396

**C. CERTIFYING OFFICIAL**

I certify that the submitted information is true, accurate and complete to the best of my knowledge and belief and is on complete and accurate forms as prescribed by the commissioner without alteration of text.

Name of Facility:

License/Permit Number:

Name of Preceptor or Residency Program Director (Typed or Printed)

Telephone Number

Date

Signature

\* BY ENTERING MY NAME ABOVE, I AGREE THAT I AM PROVIDING MY LEGAL SIGNATURE, AND AM LEGALLY BOUND BY THE CERTIFICATIONS ABOVE."  
 WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. DEEP REGULATIONS REQUIRE THAT SUBMISSIONS TO THE DEEP BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. SECTION 22a-6 OF THE CONNECTICUT GENERAL STATUTES MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE STATE OF CONNECTICUT TO ANY MATTER WITHIN ITS JURISDICTION.