

<b>DO NOT WRITE IN THIS SPACE</b>	
Approved? Y N	Date Reference Requested:
Date received:	Application number:



**Sponsoring Department Agreement:  
16-Month Pathway Leading to Specialty Certification in  
Diagnostic Radiology and Subspecialty Certification in  
Nuclear Radiology**

*To be completed by Sponsoring Department's  
Diagnostic Radiology Program Director and  
Nuclear Radiology/Nuclear Medicine (NR/NM)  
Faculty Preceptor*

**Section I: Candidate Information**

Last name	First name	Middle name
16-month Pathway Candidate's Signature	Date	

**Section II: Nuclear Radiology/Nuclear Medicine Faculty Preceptor's Information**

*The Nuclear Radiology/Nuclear Medicine faculty preceptor must have valid nuclear radiology subspecialty certification by the ABR (ABR-NR) and/or certification by the American Board of Nuclear Medicine (ABNM) and should be named on the ACGME Radiology RC documents as core faculty for the department.*

Full Name: \_\_\_\_\_ Certification(s):  ABR-NR  ABNM

Preferred Telephone Number: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

### Section III: 16-Month Pathway Requirements for Sponsoring Department

To be completed by Nuclear Radiology/Nuclear Medicine Faculty Preceptor (please initial each requirement).

- Program has at least one full-time nuclear radiology/nuclear medicine faculty member who is an authorized user (AU) and holds valid subspecialty certification in nuclear radiology by the American Board of Radiology (ABR-NR) and/or valid certification by the American Board of Nuclear Medicine (ABNM)
- Training will include a range of hybrid modality clinical experiences, including direct experience in PET/CT and SPECT/CT.
- Training will fulfill NRC training and experience for AU eligibility (10 CFR 35.190, .290, .390), specifically a total of 700 hours of training and experience, including a minimum of **200** hours of classroom and laboratory training, in basic radionuclide handling, quality assurance, and clinical use of unsealed byproduct material requiring a written directive, and ABR's requirements for administration of radionuclide therapies:
- A minimum of ten (10) oral  $^{131}\text{I}$  NaI  $\leq 33$  mCi
  - A minimum of five (5) oral  $^{131}\text{I}$  NaI  $> 33$  mCi
  - A minimum of five (5) parenteral alpha emitter, beta emitter, and/or photon emitter  $< 150$  keV
- The candidate will complete at least 16 months of NR/NM training anytime during the 48 months of DR residency as follows:
- Four (4) "core" NR/NM months as for all DR residents (*mandatory*)
  - At least eight (8) months of dedicated NR/NM (*mandatory*)
  - Up to four (4) months of ABR-approved NR/NM/Molecular Imaging (MI)-related rotations, as proposed below in Section IV, may count towards the 16-month training requirement. (Please refer to FAQs for examples.) Alternatively, up to four (4) additional months of "dedicated" NR/NM (or a combination of "dedicated" and "related") may be completed to fulfill the 16-month requirement
  - Up to two (2) NR/NM months from pre-radiology training year(s) may count toward the sixteen (16) months if performed at an institution with an ACGME-accredited DR residency program (*please provide documentation*)

### Section IV: Proposed NR/NM/MI-related Rotations

To be completed by Nuclear Radiology/Nuclear Medicine Faculty Preceptor (please initial each rotation)

Please outline the proposed plan for up to four (4) months of training in NR/NM/MI-related rotations. Please describe in detail, emphasizing how the content relates to NR/NM/MI. If one or more months will be spent in "dedicated" NR/NM rather than in a "related" rotation, please state below.

1<sup>st</sup> Month Description: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Month Description: \_\_\_\_\_  
\_\_\_\_\_

3<sup>rd</sup> Month Description: \_\_\_\_\_  
\_\_\_\_\_

4<sup>th</sup> Month Description: \_\_\_\_\_  
\_\_\_\_\_

**Section V: Diagnostic Radiology Program Director and Nuclear Radiology/Nuclear Medicine Faculty Preceptor Agreement**

I, \_\_\_\_\_, agree to support the candidate named in Section I  
Nuclear Radiology/Nuclear Medicine Faculty Preceptor's Name (print)  
 in pursuing the ABR's 16-month Pathway Leading to Specialty Certification in Diagnostic Radiology and  
 Subspecialty Certification in Nuclear Radiology. I also confirm that I assume responsibility for the planning,  
 provision, and oversight of the required training outlined in Section III and the proposed curriculum  
 outlined in Section IV, as applicable.

\_\_\_\_\_  
 Nuclear Radiology/Nuclear Medicine Faculty Preceptor's Signature

\_\_\_\_\_  
 Date

I, \_\_\_\_\_, agree to support the candidate named in Section I in  
Residency Program Director's Name (PRINT)  
 pursuing the ABR's 16-month Pathway Leading to Specialty Certification in Diagnostic Radiology and  
 Subspecialty Certification in Nuclear Radiology. I also confirm that our program meets the requirements  
 outlined in Section III and the proposed curriculum outlined in Section IV, as applicable.

\_\_\_\_\_  
 DR Program Director's Signature

\_\_\_\_\_  
 Date

**IN ORDER TO MAINTAIN VALIDITY OF THIS AGREEMENT, PLEASE INFORM THE ABR IMMEDIATELY IF THE  
 DIAGNOSTIC RADIOLOGY PROGRAM DIRECTOR AND/OR THE NUCLEAR RADIOLOGY/NUCLEAR  
 MEDICINE FACULTY PRECEPTOR CHANGE(S), OR IF THE PROPOSED CURRICULUM PLAN CHANGES  
 SUBSTANTIVELY DURING THE COURSE OF THE ENROLLED CANDIDATE'S 48-MONTH RESIDENCY  
 PROGRAM.**