### 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*

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## Section I: Candidate Information

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
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16-month Pathway Candidate’s Signature ___________________________ Date ___________________________

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## 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 $^{131}$I NaI ≤ 33 mCi
- A minimum of five (5) oral $^{131}$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.

☐ 1st Month Description: ____________________________________________

☐ 2nd Month Description: ____________________________________________

☐ 3rd Month Description: ____________________________________________

☐ 4th 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.