



American Board of Radiology – Program Director Attestation

FOR INTERVENTIONAL RADIOLOGY/DIAGNOSTIC RADIOLOGY

**COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS**

Note: the training and experience in the ACGME Interventional Radiology program requirements may not meet all of the minimum NRC requirements for §35.290, §35.392 and §35.394. Please carefully read each requirement below to ensure the listed candidate has completed the required NRC training and experience for Authorized User eligibility.

**Forms A and B must be submitted after completion of the candidate’s NRC training and experience**

More information can be found at the following links:

NRC Medical Uses Licensee Toolkit (<https://www.nrc.gov/materials/miau/med-use-toolkit.html>), the NRC Medical Regulations in 10 CFR Part 35 (<https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/>), and the Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses, Final Report (NUREG-1556, Volume 9, Revision 3 (<https://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/>)).

Candidate Name	Program Name	Program Number
----------------	--------------	----------------

<b>Training for Imaging and Localization Studies (§35.290)</b>	<b>YES</b>	<b>NO</b>
--	------------	-----------

We attest that this candidate completed <b>700</b> hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

We attest that this candidate completed a minimum of **80** hours of classroom and laboratory training in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies (§35.290).

We attest that this classroom and laboratory training included radiation physics and instrumentation (§35.290).

We attest that this classroom and laboratory training included radiation protection (§35.290).

We attest that this classroom and laboratory training included mathematics pertaining to the use and measurement of radioactivity (§35.290).

We attest that this classroom and laboratory training included chemistry of byproduct material for medical use (§35.290).

We attest that this classroom and laboratory training included radiation biology (§35.290).

We attest that this work experience, under the supervision of an Authorized User (AU), included ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys (§35.290).

We attest that this work experience, under the supervision of an Authorized User (AU), included performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters (§35.290).

We attest that this work experience, under the supervision of an Authorized User (AU), included calculating, measuring, and safely preparing patient or human research subject dosages (§35.290).

We attest that this work experience, under the supervision of an Authorized User (AU), included using administrative controls to prevent a medical event involving the use of unsealed byproduct material (§35.290).

We attest that this work experience, under the supervision of an Authorized User (AU), included using procedures to safely contain spilled radioactive material and using proper decontamination procedures (§35.290).

We attest that this work experience, under the supervision of an Authorized User (AU), included administering dosages of radioactive drugs to patients or human research subjects (§35.290).

We attest that this work experience, under the supervision of an Authorized User (AU), included eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare radioactive drugs (§35.290).

We attest that the work experience cited above for §35.290 was completed under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of §35.290 or

equivalent Agreement State requirements, and that this candidate has achieved a level of competency sufficient to function independently as an Authorized User (AU) for the medical use authorized under §35.290.

We attest that an hour is not counted more than once in the total number of hours of training and experience, and if electronic training (including web-based and on-line training) is provided during the residency program, the candidate is credited with only the actual hours spent on the electronic training.

**Training for Oral Administration of Sodium Iodide I-131 Requiring a Written Directive (§35.392 and §35.394).**

**YES NO**

We attest that this candidate successfully completed **80** hours of classroom and laboratory training, applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive (§35.392 and §35.394).

We attest that this classroom and laboratory training included radiation physics and instrumentation (§35.392 and §35.394).

We attest that this classroom and laboratory training included radiation protection (§35.392 and §35.394).

We attest that this classroom and laboratory training included mathematics pertaining to the use and measurement of radioactivity (§35.392 and §35.394).

We attest that this classroom and laboratory training included chemistry of byproduct material for medical use (§35.392 and §35.394).

We attest that this classroom and laboratory training included radiation biology (§35.392 and §35.394).

We attest that this work experience, under the supervision of an Authorized User (AU), included ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys (§35.392 and §35.394).

We attest that this work experience, under the supervision of an Authorized User (AU), included performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters (§35.392 and §35.394).

We attest that this work experience, under the supervision of an Authorized User (AU), included calculating, measuring, and safely preparing patient or human research subject dosages (§35.392 and §35.394).

We attest that this work experience, under the supervision of an Authorized User (AU), included using administrative controls to prevent a medical event involving the use of unsealed byproduct material (§35.392 and §35.394).

We attest that this work experience, under the supervision of an Authorized User (AU), included using procedures to safely contain spilled radioactive material and using proper decontamination procedures (§35.392 and §35.394).

We attest that this work experience, under the supervision of an Authorized User (AU), included administering dosages of radioactive drugs to patients or human research subjects, that includes at least **3** cases involving the oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 (§35.392). (Refer to Case Log, Form B.)

This candidate's log of these sodium iodide I-131 therapy experiences (date, exact dosage, and preceptor attestation, including attestation to experience in administering dosages in the same dosage category) is attached (Form B).

We attest that the work experience cited above for §35.392 was completed under the supervision of an Authorized User (AU) who meets the requirements under §35.390, §35.392, §35.394, or equivalent Agreement State requirements, and that this candidate has achieved a level of competency sufficient to function independently as an Authorized User (AU) for the medical uses authorized under §35.392.

We attest that this work experience, under the supervision of an Authorized User (AU), included administering dosages of radioactive drugs to patients or human research subjects, that includes at least **3** cases involving the oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 (§35.394). (Refer to Case Log, Form B.)

This candidate's log of these sodium iodide I-131 therapy experiences (date, exact dosage, and preceptor attestation, including attestation to experience in administering dosages in the same dosage category) is attached (Form B).

We attest that the work experience cited above for §35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under §35.390, §35.394, or equivalent Agreement State requirements, and that this candidate has achieved a level of competency sufficient to function independently as an Authorized User (AU) for the medical uses authorized under §35.394.

\_\_\_\_\_  
Residency Program Director (print name)

\_\_\_\_\_  
Residency Program Director (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor Authorized User (print name)

\_\_\_\_\_  
Preceptor Authorized User (signature)

\_\_\_\_\_  
Date

**FORM B**

**Sodium Iodide I-131 Therapy Experience Log**

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Number

**≤ 33 mCi**

Date

Exact Dosage Administered

Supervising Preceptor (AU) – Print and Sign Name

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

I attest that I have experience in administering dosages of ≤ 33 mCi.

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

I attest that I have experience in administering dosages of ≤ 33 mCi.

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

I attest that I have experience in administering dosages of ≤ 33 mCi.

**> 33 mCi**

Date

Exact Dosage Administered

Supervising Preceptor (AU) – Print and Sign Name

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

I attest that I have experience in administering dosages of > 33 mCi.

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

I attest that I have experience in administering dosages of > 33 mCi.

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

I attest that I have experience in administering dosages of > 33 mCi.