



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

*To be completed by Sponsoring Department's Interventional
Radiology/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 include clinical case experiences involving pediatric patients (neonates, infants, children, adolescents).
- 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 administration of radionuclide therapies:
- A minimum of ten (10) oral ^{131}I NaI ≤ 33 mCi; and
 - A minimum of five (5) oral ^{131}I NaI > 33 mCi; and
 - 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 60 months of IR/DR residency as follows:
- Four (4) "core" NR/NM months as for all IR/DR residents (*mandatory*); and
 - At least eight (8) months of dedicated NR/NM (*mandatory*); and
 - Up to four (4) months of ABR-approved NR/NM/Molecular Imaging (MI)/Radiotheranostics (RT)/Radiopharmaceutical Therapy (RPT)-related rotations, as proposed below in Section IV. (Please refer to FAQs for examples.) Alternatively, up to four (4) additional months of "dedicated" NR/NM (or a combination of "dedicated" and "related").
- NOTE: 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 IR/DR residency program (*please provide documentation*).

Section IV: Proposed NR/NM/MI/RT/RPT-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/RT/RPT-related rotations. Please describe in detail, emphasizing how the content relates to NR/NM/MI/RT/RPT. 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: Residency 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 Interventional Radiology/
 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 Interventional Radiology/
 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.

 Residency Program Director's Signature

 Date

IN ORDER TO MAINTAIN VALIDITY OF THIS AGREEMENT, PLEASE INFORM THE ABR IMMEDIATELY IF THE 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 RESIDENCY PROGRAM.