



**TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – B**  
**(Authorized User – Written Directive Not Required)**

The Virginia Department of Health is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material.

Instructions: Complete all applicable items. Refer to VAREG “Guidance for Medical Use of Radioactive Material.” Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

**PART I TRAINING AND EXPERIENCE**

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

**1. Name of Individual**

**2. State Licensure**

A copy of license to practice medicine in Virginia is attached

**3. Certification (attach copy of current certificate)**

Specialty Board	Category	Month and Year Certified

Note: Items 4-6 do not need to be completed when using Board Certification to meet **12VAC5-481, Part VII**, training and experience requirements.

**4. Classroom and Laboratory Training.**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	,	-	
Radiation Protection	,	-	
Mathematics Pertaining to Use and Measurement of Radioactivity	,	-	
Chemistry of Radioactive Material for Medical Use	,	-	
Radiation Biology	,	-	

**5. Supervised Work Experience**

Description of Experience	Dates and Clock Hours of Experience
Ordering, receiving and unpacking radioactive materials	
Instrumentation and radiation surveys	
Calculating, measuring and safely preparing dosages	
Using administrative controls to prevent a medical event	
Containing spilled radioactive material and using proper decontamination procedures	
Administering dosages of radioactive drugs to patients or human research subjects	
Eluting generator systems, testing the eluate and processing with reagent kits to prepare labeled radioactive drugs. <input type="checkbox"/> N/A (Only <b>12VAC5-481-1900</b> Authorization sought)	

**6. Supervising Individual – Identification and Qualifications**

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements In **12VAC5-481, Part VII**, provide the following information for each).

- Supervisor meets the requirements of **12VAC5-481-1780**, **12VAC5-481-1910** or **12VAC5-481-1940** or equivalent NRC or another Agreement State requirements for the type(s) of use for which the person named in Item 1 is seeking authorization.

Name of Supervising Individual

Name of License on which Supervising Individual is Authorized	Materials License Number –(Indicate which State or if NRC)
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## PART II – PRECEPTOR ATTESTATION

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Note: This part must be completed by the individual’s preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

### 7. Preceptor Approval and Attestation

I meet VDH’s requirements to be a preceptor authorized user for  **12VAC5-481-1900** and/or  **12VAC5-481-1920** uses.

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I attest that the individual named in Item 1:

Has satisfactorily completed the training requirements in **12VAC5-481-1910** and/or **12VAC5-481-1940**;

AND

Has achieved a level of competency sufficient to independently function as an authorized user for  **12VAC5-481-1900** and/or  **12VAC5-481-1920** uses.

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Name of License on which Preceptor is Authorized	Materials License Number –(Indicate which State or if NRC)
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Print Name of Preceptor

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SIGNATURE - Preceptor	Date Signed
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