

TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - B (Authorized User -Written Directive Not Required)

The Wisconsin Department of Health Services 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. For authorized user of unsealed radioactive material - written directive not required (HFS 157.63(1) and (2).

Instructions: Complete all applicable items. Refer to WISREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the State of Wisconsin, Department of Health Services, P.O. Box 2659, Madison, WI 53701-2659.

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 Wisconsin 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 Wis. Admin. Code HFS 157 Subchapter VI 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			

PART II PRECEPTOR ATTESTATION

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 DHFS requirements to be a preceptor authorized user for s. HFS 157.63(1) or s. HFS 157.63(2) uses.

I attest that the individual named in Item 1:

Has satisfactorily completed the training requirements in s. HFS 157.63(4) or s. HFS 157.63(5).

AND

Has achieved a level of competency sufficient to function independently as an authorized user for s. HFS 157.63(1) and/or s. HFS 157.63(2) uses.

Name of License on which Preceptor is Authorized

Materials License Number (Indicate which state or if NRC)

Print Name of Preceptor

SIGNATURE – Preceptor

Date Signed