

**TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - C
(Unsealed Radioactive Material Requiring a Written Directive)**

**This form has been revised and renumbered. Please update your link to:
<http://dhs.wisconsin.gov/forms/F4/F45010C.pdf>**

5. Supervised Work Experience with Radiation

Description of Experience	Location	Dates and Clock Hours of Experience
Ordering, Receiving and Unpacking Radioactive Materials and Performing the Related Radiation Surveys		
Performing Quality Control Procedures on Instruments Used to Determine the Activity of Dosages and Performing Checks for Proper Operation of Survey Meters		
Calculating, Measuring and Preparing Patient or Human Research Subject Dosages		
Using Administrative Controls to Prevent a Medical Event involving the Use of Unsealed Material		
Using Procedures to Contain Spilled Radioactive Material and Using Proper Decontamination Procedures		

6. Supervised Clinical Case Experience

Oral Administration

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location	Dates of Experience

Parenteral Administration

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location	Dates of Experience

7. Supervising Individual – Identification and Qualifications

If more than one supervising individual is needed to meet requirements in Wisconsin Administrative Code, HFS 157 Subchapter VI, provide the following information for each:

- Supervisor meets the requirements of s. HFS 157.64(4) or equivalent NRC or Agreement State requirements for the type(s) of use for which the individual 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)

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.

8. Preceptor Approval and Attestation

- I meet DHFS requirements to be a preceptor authorized user for the type(s) of use for which the individual named in Item 1 is seeking authorization.

I attest that the individual named in Item 1:

- has satisfactorily completed the training requirements in (check all applicable):
- s. HFS 157.64(4) (use of all radioactive material authorized by s. HFS 157.64(1))
 - s. HFS 157.64(5) (limited to use of sodium iodide I-131 in quantities \leq 33 mCi)
 - s. HFS 157.64(6) (limited to use of sodium iodide I-131 in quantities $>$ 33 mCi)
 - s. HFS 157.64(7) (limited to parenteral administration of radioactive material authorized by s. HFS 157.64(1))

AND

- has achieved a level of competency sufficient to function independently as an authorized user for the above medical use(s).

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