

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usera. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☒ 35.396

| Description of Training  | Location of Training                                 | Clock Hours | Dates of Training*      |
|--|--|-------------|-------------------------|
| Radiation physics and instrumentation                              | Yale University - Residency Program<br>New Haven, CT | 120         | 7/1/1999 -<br>6/30/2003 |
| Radiation protection   | Yale University - Residency Program<br>New Haven, CT | 15          | 7/1/1999 -<br>6/30/2003 |
| Mathematics pertaining to the use and measurement of radioactivity | Yale University - Residency Program<br>New Haven, CT | 15          | 7/1/1999 -<br>6/30/2003 |
| Chemistry of byproduct material for medical use                    | Yale University - Residency Program<br>New Haven, CT | 10          | 7/1/1999 -<br>6/30/2003 |
| Radiation biology  | Yale University - Residency Program<br>New Haven, CT | 100         | 7/1/1999 -<br>6/30/2003 |
| <b>Total Hours of Training:</b>                                    |  | 260         |                         |

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☒ 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

| Supervised Work Experience   |  | Total Hours of Experience: 6   |                               |
|--|--|--|-------------------------------|
| Description of Experience Must Include:  | Location of Experience/License or Permit Number of Facility          | Confirm  | Dates of Experience*          |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys   | The Hospital of Central Connecticut<br>New Britain, CT (06-02388-01) | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 9/15, 10/1,<br>10/31, 12/5/13 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | The Hospital of Central Connecticut<br>New Britain, CT (06-02388-01) | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 9/15, 10/1,<br>10/31, 12/5/13 |
| Calculating, measuring, and safely preparing patient or human research subject dosages   | The Hospital of Central Connecticut<br>New Britain, CT (06-02388-01) | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 9/15, 10/1,<br>10/31, 12/5/13 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material  | The Hospital of Central Connecticut<br>New Britain, CT (06-02388-01) | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 9/15, 10/1,<br>10/31, 12/5/13 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures  | The Hospital of Central Connecticut<br>New Britain, CT (06-02388-01) | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 9/15, 10/1,<br>10/31, 12/5/13 |

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

☒ I attest that Anwar Khan is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- ☒ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- ☐ Parenteral administration of any other radionuclide for which a written directive is required

**OR**

**Board Certification:**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the board certification  
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- ☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- ☐ Parenteral administration of any other radionuclide for which a written directive is required

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- ☐ 35.390    ☐ 35.392    ☐ 35.394    ☒ 35.396

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor

Neal Goldberg

Signature

*Neal Goldberg*

Telephone Number

(860) 224-5520

Date

12/9/10

License/Permit Number/Facility Name

06-02388-01