



**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 06/30/2019

Name of Proposed Authorized User

Jacqueline Kelly, M.D.

State or Territory Where Licensed

Connecticut

Requested Authorization(s) (check all that apply):

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

**OR**

☐ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ 35.300 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

☐ 35.300 Parenteral administration of any other radionuclide for which a written directive is required

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390

☐ 35.392

☐ 35.394

☐ 35.490

☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

## 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-New Haven Hospital Depts. of Nuclear Medicine & Rad. Oncology	150	1-Jul-15 thru 30-Jun-19
Radiation protection	20 York St. New Haven, CT 06510	150	1-Jul-15 thru 30-Jun-19
Mathematics pertaining to the use and measurement of radioactivity	NRC Lic. No.: 06-00819-03	150	1-Jul-15 thru 30-Jun-19
Chemistry of byproduct material for medical use	Same as above	40	1-Jul-15 thru 30-Jun-19
Radiation biology	Same as above	150	1-Jul-15 thru 30-Jun-19
Total Hours of Training:		640	

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: 8000	
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	Yale-New Haven Hospital Depts. of Nuclear Medicine & Rad. Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 thru 30-Jun-19
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	20 York St. New Haven, CT 06510 NRC Lic. No.: 06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Calculating, measuring, and safely preparing patient or human research subject dosages	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19

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

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience (continued)**

Supervising Individual  Lawrence Saperstein, M.D.	License/Permit Number listing supervising individual as an authorized user  NRC Lic. No.: 06-00819-03
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of:   |  |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)   |  |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)  |  |
| <input checked="" type="checkbox"/> 35.396 | <input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |  |
|  | <input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive   |  |

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**c. Supervised Clinical Case Experience**

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Yale-New Haven Hospital Depts. of Nuclear Medicine & Rad. Oncology 20 York St. New Haven, CT 06510	
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	3	NRC Lic. No.: 06-00819-03	
Parenteral administration of any other radionuclide for which a written directive is required <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">(1) Lu-177 Dotatate (2) Ra-223 Xofigo</div> <p style="text-align: center; margin-top: 5px;">(List radionuclides)</p>			

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

3. Training and Experience for Proposed Authorized User (continued)

## c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Lawrence Saperstein, M.D.	NRC Lic. No.: 06-00819-03
Supervising individual meets the requirements below, or equivalent Agreement State requirements ( <i>check all that apply</i> )**:	
<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	
d. Provide completed Part II Preceptor Attestation.	

## PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

## First Section

Check one of the following for each requested authorization:

For 35.390:Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

OR

Training and Experience

☒ I attest that Jacqueline Kelly, M.D. has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

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

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case  
experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

☒ I attest that Jacqueline Kelly, M.D. has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case  
experience required in 35.394(c)(2).

**Second Section**

☒ I attest that Jacqueline Kelly, M.D. has satisfactorily completed the required clinical case  
Name of Proposed Authorized User  
experience required in 35.390(b)(1)(ii)G listed below:

- ☐ 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

**Third Section**

☒ I attest that Jacqueline Kelly, M.D. has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User  
function independently as an authorized user for:

- ☐ 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

**Current 35.490 or 35.690 authorized user:**

☐ I attest that \_\_\_\_\_ 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 Lawrence Saperstein, M.D.	Signature 	Telephone Number (203) 200-5180	Date 6/6/19
License/Permit Number/Facility Name Yale-New Haven Hospital, Nuclear Medicine, 20 York St., New Haven, CT 06510, NRC Lic. No.: 06-00819-03			

# Radiation Oncology

## Oral I-131 and Parenteral Administration Log

Jacqueline Kelly  
Resident Name (Print)

Radiation Oncology  
Program (Print)

\_\_\_\_\_  
Program #

<u>Date</u>	<u>Disorder</u>	<u>Radionuclide Administered</u>	<u>Dose</u>	<u>Preceptor (Print)</u>	<u>Preceptor Signature</u>
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### Oral I-131 (≥ 33 mCi)

1. <u>4/3/19</u>	<u>Thyroid Cancer</u>	<u>I-131</u>	<u>99.7</u>	<u>DANIEL PUCAR, MD</u>	<u>[Signature]</u>
2. <u>4/3/19</u>	<u>thyroid cancer</u>	<u>I-131</u>	<u>207 mCi</u>	<u>DANIEL PUCAR MD</u>	<u>[Signature]</u>
3. <u>4/10/19</u>	<u>thyroid cancer</u>	<u>I-131</u>	<u>102.1 mCi</u>	<u>MICHAEL KNUF</u>	<u>[Signature]</u>

### Parenteral

1. <u>4/10/19</u>	<u>Lutetium 177 <sup>177</sup>lanthanide ca.</u>	<u>200 mCi</u>	<u>MICHAEL KNUF</u>	<u>[Signature]</u>
2. <u>4/19/19</u>	<u>prostate ca</u>	<u>Ra-223</u>	<u>149.9 uCi</u>	<u>w/ DR. MICHAEL KNUF COHEN YOUNG</u>
3. <u>4/19/19</u>	<u>prostate ca</u>	<u>Ra-223</u>	<u>146.0 uCi</u>	<u>MICHAEL KNUF</u>