



**FLORIDA DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL**

PRECEPTOR/APPLICANT STATEMENT

Training and experience requirements for medical use of radioactive material are specified in Part VI, Subpart I of Chapter 64E-5, Florida Administrative Code (F.A.C.) (<http://www.doh.state.fl.us/environment/radiation/>). This document is to be completed by the applicant physician, the preceptor and designated individuals at the training medical institution such as Radiation Safety Committee Chairman or other Certifying Official. Use a separate document for each preceptor providing supervision of clinical training. Only clinical training received at a medical institution is acceptable.

INSTRUCTIONS:

Applicants with Radiological Specialty Board Certification or Accreditation for Graduate Medical Education Training in Nuclear Medicine needs to complete page 1 only.

OTHERWISE:

An applicant wishing authorization only for diagnostic procedures needs to complete pages 1 – 4.
(Examples are imaging of the brain, liver, heart, lungs, etc, or thyroid uptake.)

An applicant wishing authorization only for therapy procedures needs to complete pages 2 and, 5 – 7.
(Example: treatment of thyroid cancer or hyperthyroidism, bone pain, or brachytherapy procedures to include permanent implants for treatment of prostate cancer, temporary implants for treatment of ovarian cancer, high dose rate remote afterloader devices (HDR) for treatment of ovarian caners or teletherapy sources.)

An applicant wishing authorization for **both** diagnostic and therapy procedures needs to complete pages 1 – 7.

NAME OF APPLICANT PHYSICIAN:	<input type="checkbox"/>	M.D.
	<input type="checkbox"/>	D.O.
	First	Last
	MI	

RADIOLOGICAL SPECIALTY BOARD CERTIFICATION (Attach photocopy of certificate)	DATE OF CERTIFICATE
American Board of Nuclear Medicine – Nuclear Medicine	
American Board of Radiology – Diagnostic Radiology, Rad. Oncology, Radiology or Therapeutic Radiology	
American Osteopathic Board of Radiology – Diagnostic Radiology, Radiology or Radiation Oncology	
American Osteopathic Board of Nuclear Medicine – Nuclear Medicine	
British Fellow of the Faculty of Radiology or Royal College of Radiology – Radiotherapy	
Canadian Royal College of Physicians and Surgeons – Therapeutic Radiology	

An applicant with one of the above certifications is not required to complete this document if a copy of the board certificate applicable to the requested uses is provided. If the applicant has completed training in uses other than those covered by the board certification, then this document needs to be completed to show the additional training and experience

– OR –

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) TRAINING IN NUCLEAR MEDICINE
(Attach photocopies of provider certificates documenting completion of training. Some ACGME program numbers may be found using the search feature and reports tab at <http://www.acgme.org/adspublic/>)

Institution Name & AGME Provider Number	Affiliated Hospital & Address	Directors Name	Director's Phone # Director's Fax #	Dates of Training From – To
			Phone: Fax	
			Phone: Fax	

– OR –

PRECEPTOR/APPLICANT STATEMENT

An applicant physician who does not hold one of the above listed board certifications or who has not completed a 6-month ACGME-accredited program **must** submit documentation of didactic training and clinical experience. Complete the following didactic training table, and then complete the subsequent pages to document clinical experience. Include all required signatures.

INSTRUCTION IN BASIC RADIONUCLIDE HANDLING TECHNIQUES (DIDACTIC TRAINING)			
(Attach photocopies of any other documents such as letters or certificates that demonstrate completion of didactic training)			
DIDACTIC TRAINING PROVIDER (include name, address, telephone number and radioactive material license number)	TOPICS (Required hours are for 64E-5.627 authorization: fewer hours are needed for 64E-5.626 or 64E-5.631 procedures)	TRAINING DATES FROM – TO:	TOTAL HOURS TRAINED
	Radiation Physics and Instrumentation (15 hours required for 64E-5.626) (100 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (110 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)		
	Radiation Protection (10 hours required for 64E-5.626) (30 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (40 hours required for 64E-5.632 and .634) (2 hours required for 64E-5.631)		
	Mathematics Pertaining to the Use and Measurement of Radioactivity (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (10 hours required for 64E-5.630) (4 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)		
	Radiopharmaceutical Chemistry (5 hours required for 64E-5.626) (30 hours required for 64E-5.627) (No hours required for 64E-5.630) (No hours required for Sr-90 eye applicator) (No hours required for 64E-5.632 and .634) (No hours required for 64E-5.631)		
	Radiation Biology (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (20 hours required for 64E-5.630) (8 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)		
	TOTAL Hours from above (40 hours required for 64E-5.626) (200 hours required for 64E-5.627) (80 hours required for 64E-5.630) (24 hours required for Sr-90 eye applicator) (200 hours required for 64E-5.632 and .634) (8 hours required for 64E-5.631)		

PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:		<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.
First	Last	MI

UPTAKE, DILUTION OR EXCRETION STUDIES (64E-5.626, F.A.C.)

CLINICAL TRAINING RECEIVED UNDER THE SUPERVISION OF AN AUTHORIZED USER AS SPECIFIED IN 64E-5.649(2)(b), F.A.C.	CLINICAL TRAINING HOURS
Mark each box as applicable: <input type="checkbox"/> Examined patients and reviewed their case histories to determine their suitability for radionuclide diagnosis, including limitations or contraindications <input type="checkbox"/> Selected the suitable radiopharmaceutical and calculated and measured the dosage <input type="checkbox"/> Administered dosages to patients using syringe radiation shields <input type="checkbox"/> Performed patient follow-up	<hr style="width: 50%; margin: 0 auto;"/> (Minimum of 20 hours)

IMAGING AND LOCALIZATION STUDIES (64E-5.627, F.A.C.)

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CARDIAC-ONLY/RENAL STUDIES
<input type="checkbox"/> Tl-201 and/or Tc-99m	Cardiac Imaging
<input type="checkbox"/> Xe-133 or Xe-127	Blood Flow Studies and Pulmonary Function Studies
<input type="checkbox"/> F-18	Cardiac Positron Emission Tomography (PET)
<input type="checkbox"/> Other:	Other Cardiac Studies
<input type="checkbox"/> Other:	Renal Studies
RADIONUCLIDE	NON-CARDIAC STUDIES
<input type="checkbox"/> F-18	Non-Cardiac Positron Emission Tomography (PET)
<input type="checkbox"/> Other:	Non-Cardiac Imaging and Localization
RADIONUCLIDE	GENERATORS AND REAGENT KITS
<input type="checkbox"/> Mo-99/Tc-99m Generator	Eluted Tc-99m from generator, assayed and tested the eluate for Mo-99 and alumina contamination as specified in 64E-5.650, F.A.C.
<input type="checkbox"/> Sr-82/Rb-82 Generator	Eluted Rb-82 from generator, assayed and tested the eluate for Sr-82 and tin contamination
<input type="checkbox"/> Tc-99m Reagent Kits	Processed reagent kits to prepare Tc-99m labeled radiopharmaceuticals
<input type="checkbox"/> Other:	

DIAGNOSTIC RADIOPHARMACEUTICAL CLINICAL TRAINING (64E-5.627, F.A.C.)

Completed 500 hours of work experience and 500 hours of clinical experience concurrently under the supervision of an authorized user at a medical institution, as specified in 64E-5.650(2)(b) and (c), F.A.C., including the following:

<input type="checkbox"/> Ordered, received and unpacked radioactive materials safely and performed the related radiation surveys
<input type="checkbox"/> Calibrated dose calibrators and diagnostic instruments and performed checks for proper operation of survey meters
<input type="checkbox"/> Calculated and prepared patient dosages and used administrative controls to prevent misadministration
<input type="checkbox"/> Used emergency procedures to contain spilled radioactive material and used proper decontamination procedures
<input type="checkbox"/> Eluted Tc-99m from generator systems, assaying and testing the elute for Mo-99 and alumina contamination, and processing the elute with reagent kits to prepare Tc-99m-labeled radiopharmaceuticals
<input type="checkbox"/> Examined patients and reviewed each case history to determine their suitability for radionuclide diagnosis, including limitations or contraindications
<input type="checkbox"/> Selected the suitable radiopharmaceutical and calculated and measured the dosages; administered dosages to patients and used syringe radiation shields; collaborated with the authorized user in the interpretation of radionuclide test results; patient follow-up

PRECEPTOR/APPLICANT STATEMENT

SEALED SOURCES FOR DIAGNOSIS (64E-5.631, F.A.C.)

SOURCE AND DEVICE MANUFACTURER AND MODEL NUMBER	CLINICAL TRAINING/DEVICE SPECIFIC	TOTAL CLINICAL HOURS TRAINED
	<input type="checkbox"/> 2 hours of training in use of the device as specified in 64E-5.654(2)(c), F.A.C.	_____ (min. of 8 hrs.)

DIAGNOSTIC TRAINING VERIFICATION

Hours of specific training for diagnostic procedures must include both radiation safety and patient-related topics as specified in 64E-5.649 – 64E-5.654, F.A.C., as applicable. All information in Items 2 – 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. **– OR –** Items 11 and 12 may be completed by a certifying official for the preceptoring medical institution. A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution. If training was performed at more than one institution, obtain a separate, completed statement from each.

1. Applicant Physician's Name (print): Phone: _____ Extension: _____	4. Applicant Physician's Signature: Date: _____
2. Name and Address of Preceptoring Medical Institution: Phone: _____ Extension: _____	5. Dates of Training: From _____ To: _____
	6. Total Number of Clinical Hours in Training: _____
	7. Preceptoring Medical Institution's Radioactive Materials License No.: _____
	8. Preceptoring Physician's Name (print): Phone: _____ Extension: _____
3. Name of Medical Director of Residency Program (print): Phone: _____ Extension: _____	9. Preceptoring Physician's Signature: Date: _____

Florida requires documentation of clinical training from the RSC of the preceptoring medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Preceptoring Institution's RSC Chair (print): Phone: _____ Extension: _____	11. Radiation Safety Committee Chair's Signature: Date: _____
--	--

- OR -

12. Name of Medical Institution's Certifying Official (print): Phone: _____ Extension: _____	13. Certifying Official's Signature: Date: _____
---	---

PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:

M.D.
 D.O.

First

Last

MI

THERAPEUTIC RADIOPHARMACEUTICAL CLINICAL TRAINING (64E-5.630, F.A.C.)

(training and experience as specified in 64E-5.651, F.A.C.)

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
P-32 (colloidal) or Au-198 (colloidal)	Intracavitary Treatment of Malignant Effusions	3	
I-131	Treatment of Cardiac Dysfunction or Hyperthyroidism	10	
I-131	Treatment of Thyroid Carcinoma	3	
I-131, P-32 (soluble), Sr-89, Sm-153 or Y-90	Systemic Therapy Treatments	3	
Other:			

OPHTHALMIC USE OF STRONTIUM 90 CLINICAL TRAINING (64E-5.632, F.A.C.)

(Training and experience shall be as specified in 64E-5.653, F.A.C.)

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
Sr-90	Treatment of Eye Disease	5	

Mark each box as applicable:

- Received clinical training in ophthalmic radiotherapy under the supervision of an authorized user at a medical institution, including the use of strontium 90 for the ophthalmic treatment of 5 individuals, including each of the following as indicated.
- | | |
|---|---|
| <input type="checkbox"/> Examination of each individual to be treated | <input type="checkbox"/> Administration of the dose |
| <input type="checkbox"/> Calculation of the dose to be administered | <input type="checkbox"/> Follow-up and review of each individual's case history |

THERAPEUTIC BRACHYTHERAPY CLINICAL TRAINING (64E-5.632, F.A.C.)

(Training and experience as specified in section 64E-5.652, F.A.C.)

RADIONUCLIDE	CONDITIONS DIAGNOSED OR TREATED
<input type="checkbox"/> Cs-137	Interstitial Treatment
<input type="checkbox"/> Co-60	Interstitial, Topical or Intracavitary Treatments
<input type="checkbox"/> Rn-222	Interstitial Treatment
<input type="checkbox"/> Ir-192	Interstitial Treatment
<input type="checkbox"/> Pd-103	Interstitial Treatment
<input type="checkbox"/> I-125	Interstitial Treatment
<input type="checkbox"/> Ir-192	Use of High Dose Rate Remote Afterloaders
<input type="checkbox"/> Au-198	Interstitial, Intracavitary or Topical Treatments
<input type="checkbox"/> Cs-137 or Ra-226	Interstitial, Intracavitary or Topical Treatments
<input type="checkbox"/> Other:	

PRECEPTOR/APPLICANT STATEMENT

THERAPEUTIC BRACHYTHERAPY CLINICAL TRAINING (64E-5.632, F.A.C.)

(continued)

Mark each box as applicable:

- Completed 500 hours of work experience under the supervision of an authorized user at a medical institution including the following:
 - Ordered, received, and unpacked radioactive materials safely and performed the related radiation surveys
 - Checked survey meters for proper operation
 - Prepared, implanted and removed sealed sources
 - Used administrative controls to prevent the misadministration of radioactive material
 - Used emergency procedures to control radioactive material
- Completed 3 years of supervised clinical experience including one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution, including the following:
 - Examined individuals and reviewing their case histories to determine their suitability for brachytherapy treatment, and any limitations or contraindications
 - Selected the proper brachytherapy source, dose, and method of administration
 - Calculated the dose
 - Conducted post-administration follow-up and review of case histories in collaboration with the authorized user

TELETHERAPY CLINICAL TRAINING (64E-5.634, F.A.C.)

(Training and experience as specified in 64E-5.655, F.A.C.)

RADIONUCLIDE	CONDITION TREATED
<input type="checkbox"/> Co-60	

Mark each box as applicable:

- Completed 500 hours of work experience under the supervision of an authorized user at a medical institution including each of the following as indicated.
 - Review of the full calibration measurements and periodic spot checks
 - Preparing treatment plans and calculating treatment times
 - Using administrative controls to prevent misadministrations
 - Implementing emergency procedures to be followed in the event of the abnormal operation of a teletherapy unit or console
 - Checking and using survey meters
- Completed 3 years of supervised clinical experience including 1 year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and 2 years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution, including the following:
 - Examining individuals and reviewing each case history to determine their suitability for teletherapy treatment, and any limitations or contraindications
 - Selecting the proper dose and how it is to be administered
 - Calculating the teletherapy doses and collaborating with the authorized user in the review of the patient's progress and consideration of the need to modify originally prescribed doses as warranted by the patient's reaction to radiation
 - Post-administration follow-up and review of case histories

PRECEPTOR/APPLICANT STATEMENT

THERAPEUTIC TRAINING VERIFICATION

Hours of specific training for therapeutic procedures must include both radiation safety and patient-related topics as specified in 64E-5.651 – 64E-5.655, F.A.C., as applicable. All information in Items 2 – 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. **– OR –** Items 11 and 12 may be completed by a certifying official for the medical institution. (A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution.). If training was performed at more than one institution, obtain a separate, completed statement from each.

1. Applicant Physician's Name (print): Phone: _____ Extension: _____	4. Applicant Physician's Signature: Date: _____
2. Name and Address of Preceptoring Medical Institution: Phone: _____ Extension: _____	5. Dates of Training: From _____ To: _____
	6. Total Number of Clinical Hours in Training: _____
	7. Preceptoring Medical Institution's Radioactive Materials License No.: _____
	8. Preceptoring Physician's Name (print): Phone: _____ Extension: _____
3. Name of Medical Director of Residency Program (print): Phone: _____ Extension: _____	9. Preceptoring Physician's Signature: Date: _____

Florida requires documentation of clinical training from the RSC of the preceptoring medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Preceptoring Institution's RSC Chair (print): Phone: _____ Extension: _____	11. Radiation Safety Committee Chair's Signature: Date: _____
--	--

- OR -

12. Name of Medical Institution's Certifying Official (print): Phone: _____ Extension: _____	13. Certifying Official's Signature: Date: _____
---	---