NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Application for Radioactive Material License – Medical
Preceptor Statement
Supplement A - Human Use

INSTRUCTIONS FOR COMPLETING SUPPLEMENT A (PRECEPTOR STATEMENT)

All pages must be completed and the form signed by the physician preceptor. If more than one preceptor is necessary to document experience, then separate forms should be used for each preceptor.

Medical Use (Other Than Brachytherapy, Teletherapy, Or Accelerators)

DO NOT complete this form if you have a board certification from a certifying agency listed at the end of the instructions section or if you are currently named on another North Carolina Department of Environment and Natural Resources Radioactive Materials License as an authorized user to conduct diagnostic and certain therapeutic procedures utilizing radiopharmaceuticals. Submit a copy of the license or certification in lieu of this preceptor statement.

1. The applicant physician is to complete page 1 of the preceptor form.

2. Pages 2 through 4 of this form MUST be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

3. If the applicant physician has experience in studies that are not listed on the form, either use an "Other (specify)" space on the form or attach additional sheets as necessary to document all experience.

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   a. If attachments are necessary, each sheet MUST have the applicant physician's name and address as the header for each attached page; and,

   b. Each attached page should be signed and dated by the preceptor.

4. If this preceptor statement is being submitted as part of a new license application or the renewal of an existing license, it should be included in the application package. If not (as in the case of a license amendment), a cover letter must accompany the preceptor statement, designating the Radioactive Materials License to which the applicant physician wishes to be added. This letter MUST be signed by the appropriate official at the institution listed on the license. Address the letter as listed in Item 5 below.

5. Mail the completed forms to:

   Chief, Radioactive Materials Section
   Division of Radiation Protection
   3825 Barrett Drive
   Raleigh, NC 27609-7221

Medical Use of Sealed Sources (Brachytherapy), Teletherapy, or Medical Accelerators

DO NOT complete this form if you have a board certification or if you are currently named on another North Carolina Department of Environment and Natural Resources Radioactive Materials License as an authorized user to conduct therapeutic procedures utilizing sealed sources (including teletherapy) or medical accelerators. Submit a copy of the license or certification in lieu of this preceptor statement.

1. The applicant physician is to complete page 5 of the preceptor form.

2. Page 6 of this form MUST be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

3. If the applicant physician has experience in procedures that are not listed on the form, either use an "Other (specify)" space on the form or attach additional sheets as necessary to document all experience.

   a. If attachments are necessary, each sheet MUST have the applicant physician's name and address as the header for each attached page; and,
   b. Each attached page should be signed and dated by the preceptor.

4. If this preceptor statement is being submitted as part of a new license application or the renewal of an existing license, it should be included in the application package. If not (as in the case of an amendment), a cover letter MUST accompany the preceptor statement, designating the Radioactive Materials or Accelerator License to which the applicant physician wishes to be added. This letter MUST be signed by the appropriate official at the institution listed on the license. Address the letter as listed in Item 5 below.

5. Mail the completed forms to:

   Chief, Radioactive Materials Section
   Division of Radiation Protection
   3825 Barrett Drive
   Raleigh, NC 27609-7221

Listed below are the approved certifying organizations for which a certificate indicates that the prospective physician meets the qualifications set forth in the Regulations for being added to a license. The categories are those outlined in Subpart J of 10 CFR 35.

I. For uptake, dilution and excretion studies, certification by one of the following organizations is required.
   A) American Board of Nuclear Medicine (in nuclear medicine); or,
   B) American Board of Radiology (in diagnostic radiology); or,
   C) American Osteopathic Board of Radiology (in diagnostic radiology or radiology).

II. For imaging and localization studies, certification by one of the following organizations is required.
   A) American Board of Nuclear Medicine (in nuclear medicine); or,
   B) American Board of Radiology (in diagnostic radiology); or,
   C) American Osteopathic Board of Radiology (in diagnostic radiology or radiology).

III. For therapeutic use of radiopharmaceuticals, certification by one of the following organizations is required.
   A) American Board of Nuclear Medicine; or,
   B) American Board of Radiology (in radiology or therapeutic radiology).

IV. For brachytherapy sources, certification by one of the following organizations is required.
   A) American Board of Radiology (in radiology or therapeutic radiology); or,
   B) American Osteopathic Board of Radiology (in radiation oncology); or,
   C) British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology" (radiology with a specialization in radiotherapy); or
   D) Canadian Royal College of Physicians and Surgeons (in therapeutic radiology).

V. For teletherapy, certification by one of the following organizations is required.
   A) American Board of Radiology (in radiology or therapeutic radiology); or,
   B) American Osteopathic Board of Radiology (in radiation oncology); or,
   C) British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology" (radiology with a specialization in radiotherapy); or
   D) Canadian Royal College of Physicians and Surgeons (in therapeutic radiology).

VI. For a medical accelerator, certification by one of the following organizations is required.

   Same organizations as for teletherapy.

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Application for Radioactive Material License – Medical (Other Than Brachytherapy, Teletherapy, Or Medical Accelerators)
Training and Experience of
Authorized User or Radiation Safety Officer
Supplement A - Human Use

1. Name of Proposed Authorized User or Radiation Safety Officer (Specify)	2. For Physicians, Give N.C. Medical License Number

3. List number(s) of any North Carolina Radioactive Materials License(s) on which you have been or are currently named as an authorized user (if applicable)

4. Certification

Specialty Board A	Category B	Month and Year Certified C

5. Type and Length of Training Received in Basic Radioisotope Handling Techniques (MUST be at least 200 hours)

Field of Training	Location and Date(s) of Training	Clock Hours in Lecture or Laboratory	Clock Hours of Supervised On-The-Job Experience
a. Radiation Physics and Instrumentation			
b. Radiation Protection			
c. Mathematics Pertaining to the Use and Measurement of Radioactivity			
d. Radiation Biology			
e. Radiopharmaceutical Chemistry			

6. Experience With Radiation (actual use of Radioisotopes or Equivalent Experience)

Isotope	mCi used at one time	Location	Clock Hours	Type of Use

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Application for Radioactive Material License – Medical (Other Than Brachytherapy, Teletherapy, Or Medical Accelerators)
Preceptor Statement
Supplement A - Human Use

Pages 2 - 4 must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

7. Name and Address of Applicant Physician (include ZIP Code)

8. CLINICAL TRAINING AND EXPERIENCE OF APPLICANT NAMED IN ITEM 7 ABOVE

(A) Isotope	(B) Diagnostic Uses	(C) No. Cases Observed[1]	(D) No. Cases Involving Personal Participation[2]
^{131}I or ^{125}I	Diagnosis of thyroid function		
	Determination of blood and blood plasma volume		
	Liver function studies		
	Fat absorption studies		
	Kidney function studies		
	In vitro studies		
^{51}Cr	Gastrointestinal protein loss studies		
	Determination of red blood cell volume and studies of red blood cell survival		
^{59}Fe	Iron turn over studies		
^{57}Co,^{58}Co or ^{60}Co	Intestinal absorption studies		
^{42}K	Potassium space determinations		
^{131}I	Thyroid imaging		
	Brain tumor localization and cardiac imaging		
	Cisternography		
	Lung imaging		
	Other (specify)		
^{201}Tl	Cardiac imaging		
	Liver imaging		
	Kidney imaging		
	Placenta localization		
	Parathyroid imaging		

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Application for Radioactive Material License – Medical (Other Than Brachytherapy, Teletherapy, Or Medical Accelerators)
Preceptor Statement (Continued)
Supplement A - Human Use

Name and Address of Applicant Physician (include ZIP Code)

(A) Isotope	(B) Diagnostic Uses	(C) Cases Observed[1]	(D) No. Cases Involving Personal Participation[2]
^{99m}Tc	Cardiac imaging		
	Brain imaging		
	Thyroid imaging		
	Salivary gland imaging		
	Liver and spleen imaging		
	Lung function studies		
	Lung perfusion imaging		
	Blood pool imaging		
	Bone imaging		
	Other(specify)		
	Other(specify)		
	Other(specify)		
^{133}Xe	Lung ventilation studies		
^{67}Ga	Demonstration of Hodgkin's disease, lymphomas, and bronchogenic carcinoma; inflammatory lesions		
^{123}I	Thyroid imaging		
	Renal imaging		
	Brain imaging for evaluation of nonlacunar stroke		
^{18}F	Bone imaging		
	Other(specify)		
^{111}In	Cisternography		
	Radiolabeling autologous leukocytes		
	Detection and localization of primary and metastatic neuroendocrine tumors		
	Detection and localization of colorectal and ovarian cancer		
Other(specify)			
Other(specify)			

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Application for Radioactive Material License – Medical (Other Than Brachytherapy, Teletherapy, Or Medical Accelerators)
Preceptor Statement (continued)
Supplement A - Human Use

Name and Address of Applicant Physician (include ZIP Code)

(A) Isotope	(B) Therapeutic Uses	(C) No. Cases Observed[1]	(D) No. Cases Involving Personal Participation[2]
^{32}P (Soluble)	Treatment of polycythemia vera, leukemia, and bone metastases		
^{32}P (Colloidal)	Intracavitary treatment		
^{131}I	Treatment of thyroid carcinoma		
	Treatment of hyperthyroidism		
^{198}Au(Colloidal)			
^{89}Sr			
^{153}Sm			
Other(specify)			
Other(specify)			
Other(specify)			
Other(specify)			

Keys:

1. Observation should consist of observing radioisotope administration techniques and discussion with preceptor the case histories to establish most appropriate diagnostic and/or therapeutic procedure, limitation, contraindications, etc.

2. Personal participation should consist of (a) supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendations on dosage to be prescribed; (b) collaboration in calibration of the dose and the actual administration of the dose to the patient, including calculation of the radiation dose, related measurements, and plotting of data; and (c) adequate period of training to enable the physician to manage radioactive patients and to follow patients through diagnosis and/or the course of treatment.

Additional Information

Dates and Total Number of Hours of Clinical Radioisotope Training

THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF

_____
(Type or Print Name)

Signature of Preceptor

_____
Radioactive Material License Number

(Institution) Name and Address

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NAUTURAL RESOURCES
Application for Brachytherapy, Teletherapy, or Accelerator License - Medical
Training and Experience of
Authorized User or Radiation Safety Officer
Supplement A - Human Use

1. Name of Proposed Authorized User or Radiation Safety Officer (Specify)	2. For Physicians, Give N. C. Medical License Number

3. List number(s) of any North Carolina Radioactive Material or Accelerator License(s) on which you have been or are currently named as an authorized user (if applicable)

4. Certification

Specialty Board	Category	Month and Year Certified

5. Type and Length of Training Received (Didactic Hours -- MUST be 200 or more hours total)

Field of Training	Location and Date(s) of Training	Clock Hours in Lecture or Laboratory	Clock Hours of Supervised On-The-Job Experience
a. Radiation Physics and Instrumentation			
b. Radiation Protection			
c. Mathematics Pertaining to the Use and Measurement of Radio-activity			
d. Radiation Biology			
e. Radiopharmaceutical Chemistry			

6. Supervised Work Experience (MUST be 500 hours total)

Field of Training	Location and Date(s) of Training	Clock Hours in Lecture and Laboratory	Clock Hours of Supervised On-The-Job Experience
a. Ordering/Receiving/Unpackaging Radioactive Material			
b. Operation of survey meter			
c. Preparation, implantation, and removal of radioactive sources			
d. Maintaining inventory control			
e. Administrative controls to prevent misadministrations			
f. Emergency Procedure implementation			
g. Reviews of full calibrations and spot checks			
h. Preparation of treatment plans			

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Application for Brachytherapy, Teletherapy, or Accelerator License - Medical
Preceptor Statement (continued)
Supplement A - Human Use

This page must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

(A) Isotope	(B) Therapeutic Uses	(C) No. Cases Observed[1]	(D) No. Cases Involving Personal Participation[2]
BRACHYTHERAPY[3]			
^{60}Co			
^{137}Cs			
^{125}I			
^{192}Ir			
^{103}Pd			
Other (specify)			
TELETHERAPY			
^{60}Co or ^{137}Cs			
ACCELERATOR			
(A) Dates	(B) Mode and/or Type of Treatment[4]	(C) No. Cases Observed[1]	(D) No. Cases Involving Personal Participation[2]

Keys:

1. Observation should consist of observing radioisotope administration techniques and discussion with preceptor the case histories to establish most appropriate diagnostic and/or therapeutic procedure, limitation, contraindications, etc.

2. Personal participation should consist of (a) supervised examination of patients to determine the suitability for radioisotope and/or accelerator treatment and recommendations on dosage to be prescribed; (b) collaboration in calibration of the dose and the actual administration of the dose to the patient, including calculation of the radiation dose, related measurements, and plotting of data; and (c) adequate period of training to enable the physician to manage radioactive patients and to follow patients through diagnosis and/or the course of treatment.

3. Indicate if treatments were intracavitary or interstitial, or whether afterloading device(s) were used (i.e., HDR, LDR, etc...).

4. For accelerator training, please indicate the mode of treatment (i.e., electron, x-ray, etc.) and the type of treatment (i.e., stereotactic radiosurgery) in column (B). Columns (C) & (D) should follow with the above notes.

Additional Information in support of applicant physician should be attached to this form. Applicant's name and address should be included on each supplemental page.

Dates and Total Number of Hours of Clinical Therapy Training

THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF

(Type or Print Name) _____ Signature of Preceptor _____

Radioactive Material or Accelerator License Number _____ (Institution) Name and Address _____

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