



American Board of Radiology — Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Resident Name

Program

Program #

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290, 35.392, and 35.394.....	<input type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in 3 cases of oral administration of I-131 therapy 33mCi.....	<input type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in 3 cases of oral administration of I-131 therapy >33 mCi.....	<input type="checkbox"/>	<input type="checkbox"/>
The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached.....	<input type="checkbox"/>	<input type="checkbox"/>
The work experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input type="checkbox"/>	<input type="checkbox"/>
The work experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....	<input type="checkbox"/>	<input type="checkbox"/>
The work experience cited above for § 35.394 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394 or equivalent Agreement State requirements.....	<input type="checkbox"/>	<input type="checkbox"/>

Residency Program Director
(Print Name)

Program Director
(Signature)

Date

Form B**I-131 Therapy Experience Log**

<u>Resident Name</u>		<u>Program & Number</u>
<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
33mCi		
1. _____	_____	_____ Print Name _____ Sign Name
2. _____	_____	_____ Print Name _____ Sign Name
3. _____	_____	_____ Print Name _____ Sign Name
<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
>33 mCi		
1. _____	_____	_____ Print Name _____ Sign Name
2. _____	_____	_____ Print Name _____ Sign Name
3. _____	_____	_____ Print Name _____ Sign Name

The preceding ABR forms do not have to be completed for a resident to take the ABR exam, including the Nuclear Medicine section of the exam. Completing the forms documents the required training and work experience, and allows the candidate to receive authorized user (AU)-eligible designation on his/her certificate.

Candidates who fulfill all the requirements, listed on Form A and Form B, and who pass all their ABR exams will receive an ABR certificate that contains the additional designation "AU-eligible." This means that the person is eligible through the ABR pathway to be approved by the NRC or Agreement State as an AU of medical radionuclides for imaging and localization studies and for oral administration of sodium iodide 1-131. NRC approval is obtained upon written application to the NRC/Agreement State and also requires submission of an NRC preceptor form which has been completed and signed by the preceptor who must be an AU. The forms are available on the NRC web site.