



Radioactive Materials Unit
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**AUTHORIZED USER
 TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION FOR
 LOW DOSE RATE BRACHYTHERAPY SEEDS FOR LOCALIZATION OF NON-PALPABLE LESIONS**

Name of Proposed Authorized User

State or Territory Where Licensed

PART I – TRAINING AND EXPERIENCE

(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within seven years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed.

1. Not currently an Authorized User for 4731.4432 and 4731.4434:

- a. Attach a completed MDH Form 313D (or equivalent).
- b. Indicate the training provider and dates of training for Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions in the following Table.
- c. Complete Part II Preceptor Attestation

2. Currently an Authorized User for 4731.4432 and 4731.4434:

- a. Provide a copy of the Radioactive Materials License or Permit that authorizes that use.
- b. Indicate the training provider and dates of training for Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions in the following Table.
- c. Complete Part II Preceptor Attestation

Description of Training	Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions	
	Training Provider	Dates
Safety procedures		
Clinical use of the seeds		
Supervising Individual <i>If training provided by supervising individual. (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>	License or Permit Number (that lists the supervising individual as an Authorized User of Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions or Manual Brachytherapy)	

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

- I meet the NRC or Agreement State requirements as an Authorized User for Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions.
- I meet the NRC or Agreement State requirements as an Authorized User for Manual Brachytherapy.

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 the training and experience required. If more than one supervising individual is necessary to document supervised work experience, provide a separate preceptor statement from each.

- I attest that _____ has received the training required for safety procedures and clinical use for Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions.

AND

- I attest that _____ has achieved a level of competency sufficient
Name of Proposed Authorized User
to function independently as an Authorized User for Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions.

Complete the following for preceptor attestation and signature:

- I meet the NRC or Agreement State requirements as an Authorized User for Low Dose Rate Brachytherapy Seeds for Localization of Non-Palpable Lesions.
- I meet the NRC or Agreement State requirements as an Authorized User for Manual Brachytherapy.

Name of Preceptor:	Signature:	Date:
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Telephone Number:	License or Permit Number:	Facility Name:
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	<input type="checkbox"/> NRC <input type="checkbox"/> Agreement State <i>(Specify):</i>
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