

## OSUMC Nuclear Medicine Checklist for Authorized User Eligibility

Requirement: “700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies.”

This requires at least 16 full weeks of participation on the nuclear medicine service.

TIME ON SERVICE			
Rotation	Dates of Rotation	Dates Absent	Weeks Completed (weeks + days)
Nucs 1			
Nucs 2			
Nucs 3			
Nucs 4			
Additional days of Nucs provided			
<b>TOTAL</b>			

DIDACTIC OR CLASSROOM AND LABORATORY TRAINING			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology Chemistry of Byproduct Material for Medical Use			
Other			

WORK OR PRACTICAL EXPERIENCE WITH RADIATION			
Description of Experience	Name of Supervising Individual(s)	Location and corresponding Material License Number	Dates and/or Clock Hours of Experience
Ordering, receiving, unpacking and surveying radioactive shipments			
Performing Q/C procedures on instruments used to assay patient dose and survey meters			
Calculating, measuring and safely preparing patient dose			
Using administrative controls to prevent a medical event			
Administering radioactive drugs to patients or research subjects			
Eluting generators measuring and testing eluate and prepare labeled radioactive drugs			
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures			
			Total Hours:

SUMMARY OF PARTICIPATION IN I-131 THERAPY < 33 mCi (at least 3 are required – must attach a therapy documentation form for each)			
Date of therapy	Indication for therapy	Name of Supervising Individual	Location of Therapy

SUMMARY OF PARTICIPATION IN I-131 THERAPY > 33 mCi (at least 3 are required – must attach a therapy documentation form for each)			
Date of therapy	Indication for therapy	Name of Supervising Individual	Location of Therapy

**Documentation of the OSUMC Radiology Resident Participation in I-131 therapy.**

1. Resident \_\_\_\_\_
2. I-131 case: <33 mCi \_\_\_\_\_ >33 mCi \_\_\_\_\_; (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
3. Date of therapy: \_\_\_\_\_
4. Content verification in the medical report:
  1. Pertinent history: Yes OR No
  2. Pertinent physical exam: Yes OR No
  3. Pertinent laboratory or imaging data: Yes OR No
  4. Pertinent scintigraphic findings: Yes OR No
  5. Appropriate impression or differential diagnosis: Yes OR No
  6. Informed consent: Yes OR No
  7. "Time out" prior to therapy: Yes OR No
  8. Therapeutic I-131 dose: Yes OR No
  9. Patient follow up with health care provider: Yes OR No
  10. Discussed with health care provider N/A \_\_\_\_\_; Yes OR No
5. Did the resident demonstrate:
  1. Adequate knowledge of therapy options: Yes OR No
  2. Ability to calculate a therapeutic I-131 dose: Yes OR No
  3. Adequate knowledge of post-therapy radiation safety precautions for the patient, family and the public: Yes OR No
  4. Knowledge of travel precautions: Yes OR No
  5. Understanding of a medical event and Nuclear Regulatory Commission (NRC) Reporting: Yes OR No
6. Patient follow up
  1. Method \_\_\_\_\_
  2. Date \_\_\_\_\_
7. Authorized user verification (sign and print name)

Name \_\_\_\_\_

Date \_\_\_\_\_