



**APPENDIX 1A - BOARD CERTIFIED PHYSICIAN
UPTAKE, DILUTION AND EXCRETION
IMAGING AND LOCALIZATION**

Name of Proposed Authorized User (Please Print)

Florida Medical License Number:

Requested Authorizations *check as applicable:*

- 64E-5.626(1) Uptake, dilution and excretion studies (Not requiring a written directive)
- 64E-5.626(2) Uptake, dilution and excretion studies (Written directive required)
- 64E-5.627(1) Imaging and localization studies (Not requiring a written directive)
- 64E-5.627(2) Imaging and localization studies (Written directive required)

PART I – TRAINING AND EXPERIENCE

Board certification must have been obtained within the 7 years preceding the date of application.

Board Certification

Provide a copy of the specialty board certificate. Verify that the Certification Document meets the NRC certificate descriptions and limitations at: <http://www.nrc.gov/materials/miau/med-use/toolkit/spec-board-cert.html>

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the preceptor authorized user. The preceptor authorized user does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and is not attesting to the individual's "general clinical competency."

Section A

Check the following for each requested authorization:

For 64E-5.626(1) and/or 64E-5.627(1)

- I attest that the proposed authorized user has satisfactorily completed the requirements in 64E-5.649(1) and/or 64E-5.650, Florida Administrative Code, (F.A.C.), and has achieved a level of competency to function independently as an authorized user for the medical uses authorized under 64E-5.626(1) and/or 64E-5.627(1), F.A.C.

For 64E-5.626(2) and/or 64E-5.627(2)

- I attest that the proposed authorized user has satisfactorily completed the requirements in 64E-5.661(1), F.A.C. and has achieved a level of competency to function independently as an authorized user for the medical uses authorized under 64E-5.626(2) and/or 64E-5.627(2), F.A.C.

Section B

- I am currently an authorized user under the following, or equivalent NRC or Agreement state authorizations:

- 64E-5.626(1)
 64E-5.626(2)
 64E-5.627(1)
 64E-5.627(2)

Name of Preceptor (Please Print)

Signature

Date

Facility Name and License/Permit Number

Telephone Number