Form B

I-131 Therapy Experience Log

_____ Resident Name

_____ Program & Number

Date	**Dose Administered**	**Preceptor (AU) Print & Sign Name**
≤ 33mCi		
1. _____	_____	_____ **Print Name**
		_____ **Sign Name**
2. _____	_____	_____ **Print Name**
		_____ **Sign Name**
3. _____	_____	_____ **Print Name**
		_____ **Sign Name**

Date	**Dose Administered**	**Preceptor (AU) Print & Sign Name**
>33 mCi		
1. _____	_____	_____ **Print Name**
		_____ **Sign Name**
2. _____	_____	_____ **Print Name**
		_____ **Sign Name**
3. _____	_____	_____ **Print Name**
		_____ **Sign Name**