



**AUTHORIZED NUCLEAR PHARMACIST TRAINING,
EXPERIENCE, AND PRECEPTOR ATTESTATION**
[10 CFR 35.55]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (MM/DD/YYYY)

Name of Proposed Authorized Nuclear Pharmacist

State or Territory Where Licensed

PART I -- TRAINING AND EXPERIENCE
(Select one of the two methods below)

* Training and Experience, including board certification, must have been obtained within the 7 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. Provide dates, duration, and description of continuing education and experience related to the nuclear pharmacy uses.

1. Board Certification

a. Provide a copy of the board certification and stop here.

2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist

a. Classroom and Laboratory Training.

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--------------------------------------------------------------------|----------------------|-------------|----------------------|
| Radiation physics and instrumentation | | | |
| Radiation protection | | | |
| Mathematics pertaining to the use and measurement of radioactivity | | | |
| Chemistry of byproduct material for medical use | | | |
| Radiation biology | | | |
| Total Hours of Training: | | | <input type="text"/> |

**AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE,
AND PRECEPTOR ATTESTATION [10 CFR 35.55] (continued)**

2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist (continued)

b. Supervised Practical Experience in a Nuclear Pharmacy.

| Description of Experience | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------|----------------------|
| Shipping, receiving, and performing related radiation surveys | | | |
| Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides | | | |
| Calculating, assaying, and safely preparing dosages for patients or human research subjects | | | |
| Using administrative controls to avoid medical events in administration of byproduct material | | | |
| Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures | | | |
| Total Hours of Experience: <input style="width: 50px; height: 20px;" type="text"/> | | | |
| Supervising Individual | | | |

c. Go to and complete Part II Preceptor Attestation.

**AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE,
AND PRECEPTOR ATTESTATION [10 CFR 35.55] (continued)**

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 training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Complete the following:

Structured Educational Program

I attest that _____ has satisfactorily completed a 700-hour structured
Name of Proposed Authorized Nuclear Pharmacist

educational program consisting of both practical experience in nuclear pharmacy and 200 hours of classroom and laboratory training, as required by 10 CFR 35.55(b)(1) and is able to independently fulfill the radiation safety-related duties as an authorized nuclear pharmacist.

Second Section

Complete the following for preceptor attestation and signature:

I am an Authorized Nuclear Pharmacist for _____,
Nuclear Pharmacy or Medical Facility

License/Permit Number

| Name of Preceptor | Signature | Telephone Number | Date |
|-------------------|-----------|------------------|------|
|-------------------|-----------|------------------|------|