AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION

State Form ##### (08-24)
INDIANA DEPARTMENT OF HOMELAND SECURTY

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RADIOACTIVE MATERIALS CONTROL PROGRAM
302 West Washington Street, Room E208
Indianapolis, IN 46204
Telephone: (317) 232-2222
E-mail: RMCP@dhs.IN.gov
Website: www.dhs.in.gov

1. TRAINING AND EXPERIENCE

Name of Proposed Authorized Nuclear Pharmacist	State or Territory Where Licensed

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:			

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:			
Supervising Individual			

c. Go to and complete Section 2 Preceptor Attestation.

2. 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:

☐ I attest that _____ has satisfactorily completed a 700-hour structured 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 _____.
(include name of pharmacy/facility and license/permit number)

Name of Preceptor	Signature	Telephone Number	Date