

## AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

Rev. 11/2012

(as defined under 902 KAR 100, Part 072, Section 66)



Name of Proposed Authorized Nuclear Pharmacist

State or Territory Where Licensed

### PART 1 – 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.
  - b. Skip to and complete Part II Preceptor Attestation
- 2. Structured Education 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			
<b>Total Hours of Training:</b>			

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (cont.)****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 radioactive material			
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures			
<b>Total Hours of Experience:</b>			
Supervising Individual			

## c. Go to and complete Part II Preceptor Attestation

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (cont.)**

**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**

Check one of the following:

**1. Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
 Name of proposed Authorized Nuclear Pharmacist  
 902 KAR 100:072, Section 66(1)(a)(b) and (c) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

**OR**

**2. Structured Education Program**

I attest that \_\_\_\_\_ has satisfactorily completed a 700-hour structured  
 Name of proposed Authorized Nuclear Pharmacist  
 educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 902 KAR 100:072, Section 66(2)(a) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

**SECOND SECTION**

**Complete the following for preceptor attestation and signature**

I attest that I am an Authorized Nuclear Pharmacist for \_\_\_\_\_  
 Name of Nuclear Pharmacy or Medical Facility

License/Permit Number: \_\_\_\_\_

Name of Preceptor	Telephone Number
Signature	Date