

**Ohio Department of Health**  
**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR**  
**ATTESTATION**  
 [3701:1-58-20]

Name of Proposed Authorized Nuclear Pharmacist \_\_\_\_\_

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

\*In accordance with OAC 3701:1-58-22 the training and experience, including board certification, must have been obtained within seven years preceding the date of the 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 nuclear pharmacy uses.

1. **Board Certification** [3701:1-58-20 (A)]
- a. Provide a copy of the board certification. A list of approved board certifications is located at <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>
  - b. Complete Part II Preceptor Attestation [3701:1-58-20 (B)(2)]

**OR**

2. **Structured Educational Program for Proposed Authorized Nuclear Pharmacist** [3701:1-58-20(B)]
- a. Classroom and Laboratory Training [3701:1-58-20(B)(1)(a)]

| 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 radioactive material for medical use                  |                      |             |                    |
| Radiation biology  |                      |             |                    |
| <b>Total Hours of Training:</b>                                    |                      |             |                    |

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR  
ATTESTATION (continued)**

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

b. Supervised Practical Experience in a Nuclear Pharmacy. (if more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section) [3701:1-58-20(B)(1)(a)]

| 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  |   |             |                      |
| Shipping, receiving, and performing related radiation surveys  |   |             |                      |
| Using administrative controls to avoid medical events in the administration of radioactive material  |   |             |                      |
| <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 (continued)**

**PART II – PRECEPTOR ATTESTATION**  
[3701:1-58-20(B)(2)]

*(Select one of the two methods below)*

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, and verifies the training and experience required.

1. **Board Certification**

I attest that (name of proposed Authorized Nuclear Pharmacist) \_\_\_\_\_ has satisfactorily completed the requirements in 3701:1-58-20 (A)(1), (A)(2) and (A)(3) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

**OR**

2. **Structured Educational Program for Proposed Authorized Nuclear Pharmacist**

I attest that (name of proposed Authorized Nuclear Pharmacist) \_\_\_\_\_ has satisfactorily completed 700 hours in a structural educational program consisting of both 200 hours of classroom and laboratory training and practical experience in nuclear pharmacy as required by OAC 3701:1-58-20(B)(1)(a)&(b) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

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**AND**

I am a Nuclear Pharmacist for

|                                      |                     |
|--------------------------------------|---------------------|
| Nuclear Pharmacy or Medical Facility | License Number      |
| Preceptor Name                       | Preceptor Signature |
| Telephone number                     | Date                |