FORM	RM-HU(ANP)
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AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [420-3-26-.07(28)]

Name of Proposed Authorized Nuclear Pharmacist

Alabama Board of Pharmacy License No.

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.

b. Skip to and complete Part II Preceptor Attestation.

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:							

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

2. <u>Structured Educational Program for Proposed Authorized Nuclear Pharmacist</u> (continued)

b. Supervised Practical Experience in a Nuclear Pharmacy.

Total Hours of Experience:							
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	irs of Experience:	Irs of Experience:					

c. Go to and complete Part II Preceptor Attestation.

FORM R	RM-HU(ANP)								
AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)									
			PART II – PRECEPTO	R ATTESTATION					
Note:	Note: This part must be completed by the individual's preceptor. The preceptor may have been the supervising individual, or may have provided, directed, or verifed all training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.								
	Section one of the follow	ing:							
	Board Certificat	ion							
	I attest that			has satisfactorily	completed the requirem	ents in			
		Name of Proposed	Authorized Nuclear Plarmacist						
		(28)(a) and has zed nuclear pha		npetency sufficien	t to function independen	ntly			
			OR						
	Structured Educ	ational Progra	am						
	I attest that			has satisfactorily	completed a 700-hour s	tructured			
		Name of Proposed	Authorized Nuclear Pharmacist						
	experience in	nuclear pharm	ing of both 200 hours o acy, as required by 420 ction independently as a)-3-2607(28)(b)1	boratory training, and pl . and has achieved a lev lear pharmacist.	ractical vel of			
	d Section								
Compl	lete the following	for preceptor	attestation and signat	ure:					
		d Nuclear Dhe	and sist for						
	I am an Authorize	ed Nuclear Pha		Nuclear Pharmacy or	Medical Facility	,			
				· · · · · · · · · · · · · · · · · · ·					
	License/Permit	Number							
Name c	of Preceptor		Signature		Telephone Number	Date			
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