



RHODE ISLAND RADIATION CONTROL AGENCY

**AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE
AND PRECEPTOR ATTESTATION [216-RICR-40-20-9.5.12]**

Name of Proposed Authorized Nuclear Pharmacist

Rhode Island License No. and Expiration Date

PART I - TRAINING AND EXPERIENCE

(Select one of the two methods below)

Note: *Training and Experience, including board certification, must have been obtained within the seven (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 radioactive material for medical use			
Radiation biology			

TOTAL HOURS OF TRAINING:

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2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist [continued]

b. 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 misadministrations in administration of radioactive 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 Part II Preceptor Attestation.

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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 Education Program

I attest that _____
Name of Proposed Authorized Nuclear Pharmacist

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, and, as required by § 9.5.12 of the Agency regulations 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
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COMMENTS: