



Ohio Department of Health
AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE, AND
PRECEPTOR ATTESTATION
 [OAC 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

- 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. Please confirm proposed individual has an active State of Ohio Pharmacy Board license: Yes No
If "Yes", continue to the next step. If "No", stop until license is acquired.
- C. 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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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. Please provide a copy of the license if not an Ohio issued license.*

Description of Experience	Location of Experience and License 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 the administration of radioactive material			
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures			
Total Hours of Experience:			
Supervising Individual:		License Number: - <i>for which supervision was performed</i>	

C. Please confirm proposed individual has an active State of Ohio Pharmacy Board license: Yes No
If "Yes", continue to the next step. If "No", stop until license is acquired.

D. 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, and verifies the training and experience required.

I attest that _____ 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 and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

AND

I am a Nuclear Pharmacist for:

Name of Facility:	License Number: – <i>Please provide a copy of the license if not an Ohio issued license.</i>
Name of Preceptor: - <i>Typed or Printed</i>	Contact Information: - <i>Telephone Number and Email</i>
Signature:	Date: