

**AUTHORIZED NUCLEAR PHARMACIST
TRAINING, EXPERIENCE, AND PRECEPTOR
ATTESTATION [RHA 4.22]**



Name of Proposed Authorized Nuclear Pharmacist

State or Territory Where Licensed

**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 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:

**AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE,
AND PRECEPTOR ATTESTATION [RHA 4.22] (continued)**

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			

Total Hours of Experience:

Supervising Individual

c. Go to and complete Part II Preceptor Attestation.

**AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE,
AND PRECEPTOR ATTESTATION [RHA 4.22] (continued)**

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 Educational Program

I attest that _____ has satisfactorily completed a 700-hour structured
Name of Proposed Authorized Nuclear Pharmacist

educational program consisting of both practical experience in nuclear pharmacy and 200 hours of classroom and laboratory training, as required by RHA 4.22.2 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
-------------------	-----------	------------------	------

Instructions for completing DHEC 0814F (ANP)

Title: Authorized User Training and Preceptor Attestation

Purpose: For the requesting individual to provide information on his/her training and experience in order to become an authorized nuclear pharmacist under RHA 4.22.

Instructions:

Part I: Training and Experience

Please complete each section that will document the individual's training and experience for which authorization is sought.

Part II: Preceptor Attestation

This section 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.

OFFICE MECHANICS AND FILING:

The retention schedule number for this form is 16305- Licenses (Active and Terminated).