



**RC Form 256-3a AUTHORIZED NUCLEAR PHARMACIST TRAINING AND
EXPERIENCE AND PRECEPTOR ATTESTATION**
Accepted Board Certification

Name of Proposed Authorized Nuclear Pharmacist	License No.
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Part I – Training and Experience

Training and experience, including board certification, must have been obtained within the preceding 7 years or the individual must have obtained related continuing education and experience since the initial training and experience was completed. Provide dates, duration, and a description of continuing education and experience.

Attach a copy of one of the following accepted specialty board certifications:

Board of Pharmaceutical Specialties for Board Certified Nuclear Pharmacist from March 6, 1996 to December 2009; **Board of Pharmacy Specialties** certification for Board Certified Nuclear Pharmacist from December 2010 to present.

Part II – Preceptor Attestation and Signature

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.

I attest that _____ has satisfactorily completed
Name of Proposed Authorized Nuclear Pharmacist
the requirements in 25 TAC §289.256(k)(1)(A), (B) and (C) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

I am an Authorized Nuclear Pharmacist.

Preceptor Name	Signature	Phone Number
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License Number/Facility Name	Date
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PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).