



**RC Form 256-3b AUTHORIZED NUCLEAR PHARMACIST TRAINING AND
EXPERIENCE AND PRECEPTOR ATTESTATION**
Hours of Training and Experience

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

Training and experience 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.

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 _____

Supervised Practical Experience in a Nuclear Pharmacy

Description of Experience	Location of Experience/ License No. of Facility	Clock hours	Dates of Training
Shipping, receiving, and performing related radiation surveys			

Supervised Practical Experience in a Nuclear Pharmacy *(continued)*

Description of Experience	Location of Experience/ License No. of Facility	Clock hours	Dates of Training
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 authorizing supervising individual
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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)(2)(A) and (B) 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
License Number/Facility Name		Date

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).