NRC FORM 313A (ANP)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.55]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

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. <u>Board Certification</u>**

a. Provide a copy of the board certification.

b. Skip to and complete Part II Preceptor Attestation.

☐ **2. <u>Structured Educational Program for Proposed Authorized Nuclear Pharmacist</u>**

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 byproduct material for medical use			
Radiation biology			
Total Hours of Training:			

AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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 byproduct 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 AND EXPERIENCE AND PRECEPTOR ATTESTATION (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
Check one of the following:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Nuclear Plarmacist

10 CFR 35.55(a)(1), (a)(2), and (a)(3) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

OR

Structured Educational Program

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

educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 10 CFR 35.55(b)(1) and has achieved a level of competency sufficient to function independently 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