



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
RADIOLOGICAL HEALTH SECTION**

**AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE
AND PRECEPTOR ATTESTATION**

(New Hampshire Rules for the Control of Radiation He-P 4035.74)

Name of Proposed Authorized Nuclear Pharmacist	State or Territory Where Licensed
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PART I – TRAINING AND EXPERIENCE
(He-P 4035.74, 4035.71)

* Provide dates, duration, and description of training, continuing education, and experience related to the uses checked above and in accordance with He-P 4035.73.

1. Board Certification

- a. Provide a copy of the board certification.
- b. **STOP** here.

OR

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 byproduct material for medical use			
Radiation biology			

Total Hours of Training _____

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. Complete Part II Preceptor Attestation.

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

Structured Educational Program for Proposed Authorized Nuclear Pharmacist

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 He-P 4035.74(b)(1) and is able to independently fulfill the radiation safety-related duties as an authorized nuclear pharmacist.

AND

SECOND SECTION

I am an Authorized Nuclear Pharmacist for _____
Name of Nuclear Pharmacy or Medical Facility

License/Permit Number _____

Name of Preceptor	Telephone Number
Signature	Date
