

Virginia Department of Health
 Radioactive Materials Program
 (804) 864-8150



**TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – G
 (Authorized Nuclear Pharmacist)**

The Virginia Department of Health is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material.

Instructions: Complete all applicable items. Refer to VAREG “Guidance for Medical Use of Radioactive Material.” Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

Name of Individual

2. State Licensure

A copy of license to practice pharmacy in Virginia is attached.

3. Certification (attach copy of current certificate)

Specify Board	Category	Month and Year Certified

Note: Items 4-6 do not need to be completed when using Board Certification to meet **12VAC5-481 Part VII**, training and experience requirements.

4. Classroom and Laboratory Training

Description of Training	Training Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	, -		
Radiation Protection	, -		
Mathematics Pertaining to Use and Measurement of Radioactivity	, -		
Radiation Biology	, -		

5. Supervised Work Experiences

Description of Experience	Dates of Experience
Shipping, receiving and performing radiation related surveys	
Using and performing checks for proper operation of survey meters and instruments used to determine the activity of dosages.	
Calculating, assaying and safely preparing dosages.	
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.	

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual’s preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

6. Preceptor Approval and Attestation

I am an authorized nuclear pharmacist.

I attest that the individual named in Item 1:

Has satisfactorily completed the training requirements in **12VAC5-481-1770**;

AND

Has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

Name of License on which Preceptor is Authorized	Materials License Number –(Indicate which State or if NRC)
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Print Name of Preceptor

SIGNATURE - Preceptor	Date Signed
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