

**RADIOACTIVE MATERIALS AUTHORIZED NUCLEAR PHARMACIST
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**

INSTRUCTIONS: Before completing this form, review the specific training requirements of Title 10 of the Code of Federal Regulations (10 CFR), Part 35 (January 1, 2013 Edition) as adopted in Title 17 of the California Code of Regulations, Section 30195. All training and experience applicable to this application must have been obtained within 7 years of the date of this application, per 10 CFR §35.59. Mail completed and signed form, in duplicate, to: California Department of Public Health, Radiologic Health Branch, MS 7610, Licensing Section, P.O. Box 997414, Sacramento, CA 95899-7414. For more information, go to <http://www.cdph.ca.gov/rhb> or phone (916) 327-5106.

**PART I: Amendment Request to Add Authorized Nuclear Pharmacist
to Radioactive Materials License**

Please add: _____ as an Authorized Nuclear Pharmacist

to Radioactive Material License Number: _____.

Printed name of senior management and title/Radiation Safety Officer (RSO): _____

Signature of senior management/RSO: _____ Date: _____

PART II: Training and Experience

This part is to be completed for the training and experience of the PROPOSED AUTHORIZED NUCLEAR PHARMACIST:

1.) Have you been listed on a California Radioactive Material License (RML) within the last 7 years as an Authorized Nuclear Pharmacist (ANP)?

YES: provide the RML Number: _____.[†] No further information is required on this form.

NO: proceed to **Number 2** below.

2.) Have you been listed on a Master Materials License, NRC or Agreement State License/Permit within the last 7 years as an ANP?

YES: provide a complete copy of the license or permit.[†] No further information is required on this form.

NO: proceed to **Number 3**.

[†] Provide RSO authorization letters for any broad scope RML/license/permit, as applicable, and complete signed copies of any non-California license/permit referenced.

3.) Have you been certified by any of the ANP Specialty Boards recognized by the NRC within the last 7 years?

SPECIALTY BOARD MUST BE LISTED ON THE NRC RECOGNIZED CERTIFICATION LIST available here: <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>. Contact RHB at (916) 440-7976 if link does not work.

- YES: provide a copy of the certificate and proceed to **Part III Preceptor Attestation**.
- NO: proceed to **Number 4**.

4.) Provide the following information in Tables a.) and b.) below, then proceed to Part III Preceptor Attestation:

a.) Classroom and laboratory training in the following areas:

Subject Area	Total Hours
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 combined hours of classroom and laboratory training	

b.) Supervised practical experience in a nuclear pharmacy involving the following:

Subject Area	Total Hours
Shipping, receiving and performing related surveys	
Using and performing checks for proper orientation 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 combined hours full-time supervised practical experience	
Location of Training/License or Permit Number of Training Facility:	

[†] Provide RSO authorization letters for any broad scope RML/license/permit, as applicable, and complete signed copies of any non-California license/permit referenced.

PART III: Preceptor Attestation

This part is to be completed by the PRECEPTOR AUTHORIZED NUCLEAR PHARMACIST:

I hereby attest that the proposed Authorized NUCLEAR PHARMACIST (ANP) has satisfactorily completed the applicable training requirements of Title 10 of the Code of Federal Regulations Part 35 (January 1, 2013 Edition), as adopted under Title 17 of the California Code of Regulations, Section 30195, for the use(s) requested, and has achieved a level of competency sufficient to function independently as an ANP.

I hereby attest that I am an ANP on a California Radioactive Material License, Master Materials License or NRC/Agreement State license/permit for the use(s) requested.

Printed name of Preceptor: _____ Date: _____

Signature: _____

(Preceptor Attestation not valid without original signature)

Telephone Number: _____

License/Permit Number preceptor is listed as ANP for the use(s) requested:

CA Radioactive Material License: _____.[†]

Master Materials License, NRC or Agreement State License/Permit: _____.[†]

Provide a complete copy of that license/permit.

[†] ***Provide RSO authorization letters for any broad scope RML/license/permit, as applicable, and complete signed copies of any non-California license/permit referenced.***