



**FLORIDA BOARD OF PHARMACY**  
 P.O. Box 6320 • Tallahassee, FL 32314-6320  
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[www.floridaspharmacy.gov](http://www.floridaspharmacy.gov)

**ITEM #3 – CERTIFICATE OF TRAINING AND EXPERIENCE**  
**Please print or type legibly.**

<b>1. Applicant Information</b>			
<b>Last Name</b>		<b>First Name</b>	
		<b>Middle Name</b>	
<b>Mailing Address</b>		<b>City</b>	
		<b>State</b>	
		<b>Zip</b>	
<b>Home Phone</b>		<b>Work Phone</b>	
<b>2. Nuclear Pharmacist (Supervisor) Name</b>			
<b>Last Name</b>		<b>First Name</b>	
		<b>Middle Name</b>	
<b>Mailing Address</b>		<b>City</b>	
		<b>State</b>	
		<b>Zip</b>	
<b>Home Phone</b>		<b>8. Work Phone</b>	
<b>3. Supervisor's Florida License Numbers</b>			
Pharmacist License: PS _____			
Nuclear Pharmacist License: NP _____			
<b>4. Certification of Assessment and Evaluation</b>			

I certify that the applicant above completed either a minimum of 500 hours of training and experience, or 1080 hours of lawful practice of nuclear pharmacy, including the handling of unsealed radioactive material, in another jurisdiction within the last 7 years. This training and experience or lawful practice occurred under my supervision from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ . If I am certifying training and experience, I further certify the training included the following as mandated by Rule 64B16-26.303, Florida Administrative Code.

- 1) Ordering, receiving and unpackaging in a safe manner, radioactive material, including the performance of related radiation surveys;
- 2) Calibrating dose calibrators, scintillation detectors, and radiation monitoring equipment;
- 3) Calculating, preparing and verifying patient doses, including the proper use of radiation shields;
- 4) Following appropriate internal control procedures to prevent mislabeling;
- 5) Learning emergency procedures to safely handle and contain spilled materials, including related decontamination procedures and surveys;
- 6) Eluting technetium-99m from generator systems, assaying the eluate for technetium-99m and technetium-99m labeled radiopharmaceuticals; and
- 7) Clinical practice concepts.

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor License Number