



FLORIDA BOARD OF PHARMACY
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www.floridaspharmacy.gov

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

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

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 64BF16-26.303, 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