

Complete forms must be sent directly by the supervisor to the board office at info@floridaspharmacy.gov, or mailed to:

Board of Pharmacy
4052 Bald Cypress Way Bin C-04
Tallahassee, FL 32399-3258



Board of Pharmacy Certificate of Training and Experience

Part I: Applicant Information (To be completed by applicant)

Applicant Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ ZIP: _____

Home/Cell Phone: _____ Work Phone: _____
Input without dashes

Part II: Supervisor Information (To be completed by the supervising Nuclear Pharmacist)

Supervisor Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home/Cell Phone: _____ Work Phone: _____

Pharmacist License #: _____ Nuclear Pharmacist License #: _____

Part III: Certification of Assessment and Evaluation (To be completed by the supervisor)

I certify that the applicant above completed either a minimum of 500 hours of training and experience in the handling of unsealed radioactive material within the last seven years, or 1,080 hours engaged in the lawful practice of nuclear pharmacy in another jurisdiction within the last seven years.

This training and experience or lawful practice occurred under my supervision from _____ to _____.
MM/DD/YYYY MM/DD/YYYY

If I am certifying 500 hours of training and experience, I further certify the training included the following as mandated by Rule 64B16-26.303, F.A.C.

1. Ordering, receiving, and unpackaging in a safe manner, radioactive material, including the performance of related radioactive 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 Signature _____

Date: _____
MM/DD/YYYY