



**IEMA-OHS OFFICE OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704**

AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE FORM

Use this form to provide notifications under 32 Ill. Adm. Code 330.260(c)(6)(D) and documentation of training and experience for an Authorized Nuclear Pharmacist (ANP) in accordance with the following parts:

- 32 Ill. Adm. Code 330.260(c)(18), **Training for an Authorized Nuclear Pharmacist**
- 32 Ill. Adm. Code 330.260(c)(20), **Training for an Experienced Authorized Nuclear Pharmacist**

NOTE: This form requires the applicant to attach copies of licenses and Board certifications as applicable. Failure to properly attach these documents will result in the request being delayed or denied. See Section 8.7.3 and Appendix D of NUREG 1556, Volume 9, rev. 3 for additional information.

Nature of Request (Amendment Request or Notification)

32 Ill. Adm. Code 330.260(c)(6) allows some licensee-designated pharmacists, board-certified pharmacists or those currently identified on an Agency, U.S. NRC or Agreement State license/permit as an authorized nuclear pharmacist to begin work without first obtaining an amendment. Indicate if this form is providing notice of an ANP beginning work or if the licensee wishes the Agency to evaluate and amend the license. If unsure, select “*Amendment Request*”.

Notification. I have attached the required board-certification, current radioactive material license/permit identifying the individual in Part 2 as an authorized nuclear pharmacist, or documentation described in 32 Ill. Adm. Code 330.260(c)(6)(D)(v). This form serves as the notification required under 32 Ill. Adm. Code 330.260(c)(6)(D).

OR

Amendment Request. The individual in Part 2 is seeking authorization under the alternate (training and experience) pathway, or we have elected to apply for and receive a license amendment before permitting the individual to work under the license.

Part 1. Licensee Information

Provide information on the Radioactive Materials License under which the proposed ANP will work.

Licensee Name:

Radioactive Materials License Number: IL-

Part 2. Proposed Authorized Nuclear Pharmacist (ANP) Information

Proposed ANP Name:

**IDFPR Registered Pharmacist
License Number:**

Requested Use (Mark all that apply):

- 32 Ill. Adm. Code 330.260(c), preparation of radiopharmaceuticals containing radioactive material for medical use under 32 Ill. Adm. Code Part 335.
- Preparation of radiopharmaceuticals and radiochemicals to licensees authorized to possess them for other than human medical use (e.g., veterinary medicine and research licensees)
- Preparation of in vitro test kits described in 32 Ill. Adm. Code 330.280(g)

Part 3. Authorization Pathway

Part 3A. Has the Proposed ANP been listed on a Radioactive Materials License or Permit?

- No, the proposed ANP has not been listed on a radioactive material license or broad scope permit for the requested use. Continue to Part 3B.
- OR**
- Yes, a copy of the radioactive materials license or broad scope permit listing the ANP (or US NRC or Agreement State equivalent) is attached; **and**
- If the license or permit authorization exceeds seven years from the date of this application, submit documentation (dates, description and duration) of related continuing training and experience (32 Ill. Adm. Code 330.260(c)(21)); **and**
- Skip Parts 3B, 3C and 4. Complete Part 5 and Submit to IEMA-OHS.

Part 3B. Is the Proposed ANP Board Certified?
See the [US NRC Medical Toolkit](#) for recognized board certifications and required wording on certificates.

- No, the proposed ANP is not certified by a specialty board whose certification process has been recognized by the US NRC. Continue to Part 3C.
- OR**
- Yes, a copy of the board certification, is attached; **and**
- If the date of board certification exceeds seven years from the date of this application, submit documentation (dates, description and duration) of related continuing training and experience (32 Ill. Adm. Code 330.260(c)(21)); **and**
- Skip Part 3C and 4. Complete Part 5 and submit to IEMA-OHS.

Part 3C. Structured Training and Experience Pathway

- Complete tables 1 and 2 below, detailing training and experience; **and**
- If the dates indicated in the table below exceed seven years from the date of this application, submit documentation (dates, description and duration) of related continuing training and experience (32 Ill. Adm. Code 330.260(c)(21)); **and**
- Complete Parts 4 and 5. Submit to IEMA-OHS.

Part 3C. Table 1 – Classroom and Laboratory Training

Required Training	Location(s) of Training	Clock Hours	Dates of Training
See 32 Ill. Adm. Code 330.260(c)(18)(B)(i)			

Part 3C. Table 2 – ANP Supervised Practical Experience

If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Required Work Experience	Location(s) of Experience	Clock Hours	Dates of Experience
See 32 Ill. Adm. Code 330.260(c)(18)(B)(ii)			

Part 4. Preceptor Attestation

This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Preceptor Certification (Select ONE and Certify):

I attest that the proposed authorized nuclear pharmacist listed on this form has satisfactorily completed:

- 700 hours in a structured educational program consisting of both practical experience in nuclear pharmacy and 200 hours of classroom and laboratory training as required by 32 Ill. Adm. Code 330.260(c)(18)(B)(i) and (ii), and is able to independently fulfill the radiation safety-related duties as an authorized nuclear pharmacist.

Preceptor Signature: _____ Title: _____

Preceptor Printed Name: _____ Date: _____

Preceptor Telephone: _____ Email: _____

License / Permit Identifying the Preceptor ANP: _____ Amendment #: _____

Part 5. Requesting Licensee's Certification:

As a member of management or as the radiation safety officer, I am authorized to act on behalf of the licensee. I have completed the appropriate section of this form and certify that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge. I hereby request the above changes to our Illinois Radioactive Material License.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Signed and completed forms may be submitted electronically with required attachments to Ema.speclic@Illinois.gov