NUCLEAR PHARMACY PERMIT APPLICATION

**680-X-2-.20 Nuclear Pharmacy**

(3) **Registration and Certification of Pharmacies**: The application for a certificate to operate a nuclear pharmacy shall only be issued to a pharmacy registered by the Alabama State Board of Pharmacy and to a licensed, certified nuclear pharmacist. Re-certification shall be biennially which shall expire on December 31 of even-numbered years on forms provided by the Board. Each nuclear pharmacy shall designate a licensed, certified nuclear pharmacist as the Supervising Pharmacist.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(7) TRAINING QUALIFICATIONS**: a pharmacist licensed to practice pharmacy in this state, who performs a radiopharmaceutical service, shall, prior to engaging in such specialized practice, meet the minimum training requirements of didactic study, training and experience in the handling of radioactive material.
(a) A licensed pharmacist seeking to practice nuclear pharmacy in this state, shall submit to the Board of Pharmacy, a certificate of training and a course outline from an accredited college of pharmacy, or other program recognized by the State of Alabama Department of Public Health, Radiological Health Branch and the Alabama Board of Pharmacy, and a certificate of such training which provides a minimum of 200 clock hours of formal didactic training.

(b) The minimum on-the-job training which shall be included in a radiopharmacy internship is five hundred (500) hours of training and experience in the handling of unsealed radioactive material under the supervision of a licensed nuclear pharmacist.

If for initial certification, attach documentation of didactic and internship training. If for re-certification, attach copy of certificate(s) of no less than 2 hours of continuing education.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Pharmacist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_