

**Alabama State Board of Pharmacy**

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Birmingham, AL 35242  
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**NUCLEAR PHARMACIST CERTIFICATE APPLICATION**

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

(4) **Registration and Certification of Pharmacists:** All pharmacists engaged in the practice of nuclear pharmacy shall have training or shall have demonstrated previous training in the safe handling of radioactive pharmaceuticals. They must be registered with and certified by the Alabama State Board of Pharmacy. Applications and re-certification with the Board is required biennially which shall expire on December 31 of even-numbered years on forms provided by the Board. Satisfactory completion of no less than two (2) hours of continuing education prior to re-certification earned in the previous calendar year related to nuclear pharmacy shall be required.

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: \_\_\_\_\_

*Please mail to ALBOP at the address above or email to [lmartin@albop.com](mailto:lmartin@albop.com)*