

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292**



NUCLEAR PHARMACIST APPLICATION AND INFORMATION

December 2015

Dear Florida Nuclear Pharmacist Applicant,

Thank you for applying for licensure as a nuclear pharmacist in the State of Florida. The information in this packet has been designed to provide the essential information required to process your application in a timely manner. Your assistance in providing all required information will enable the Florida Board of Pharmacy (the board) staff to process your application as soon as possible. You are encouraged to apply as early as possible, to avoid delays due to a large volume of applicants.

You should use the enclosed checklist to ensure that all sections of the application are complete and that the required forms are submitted. Please read these instructions carefully and fully before submitting the application. You should keep a copy of the completed application and all other materials sent to the board office for your records. When you mail the completed application and fees, use the address noted in the instructions and on the application form.

When your application arrives, your fees will be deposited and verified before the staff review can begin. You will receive a letter acknowledging receipt of your application. You can now follow the progress of your application through our website at: <http://ww2.doh.state.fl.us/mqaservices/login.asp>. You will receive a letter, which provides your user id and password, acknowledging receipt of your application. The staff will notify you within 7-14 days if any materials are incomplete.

If you need to communicate with the board staff, you are encouraged to email the board staff at info@floridaspharmacy.gov, or you may call us at (850) 245-4292. Our staff is committed to providing prompt and reliable information to our customers. Many procedures have been streamlined to expedite the processing of applications; we certainly welcome your comments on how our services may be improved.

Sincerely,

The Florida Board of Pharmacy

General Information

Requirements for Florida Nuclear Pharmacist Licensure

To become licensed as a nuclear pharmacist, an applicant must meet the following requirements.

- 1) Must hold a Florida pharmacist license that is active and in good standing.
- 2) Certification by a university or other approved program provider of your completion of a minimum of 200 clock hours of formal didactic training as set forth in Rule 64B16-26.303(2), Florida Administrative Code (F.A.C.).
- 3) Certification by your supervising pharmacist of the minimum 500 hours of training and experience as set forth in Rule 64B16-26.303(4), F.A.C.
- 4) If the didactic and experiential training required in this section have not been completed within the last seven (7) years, you must have engaged in the lawful practice of nuclear pharmacy in another jurisdiction at least 1080 hours during the last seven (7) years.

Application Processing

Please read all application instructions before completing your application.

Within 7-14 days of receipt of your application and fees, the board office will notify you of the receipt of your application, any required documents, and your status. If your application is complete, you will receive a license within 7 days. If your application is incomplete, you will be notified in writing of the missing documents required to complete your application.

APPLICATION REQUIREMENTS FOR FLORIDA NUCLEAR PHARMACIST LICENSURE

Please submit the following to the Florida Board of Pharmacy:
P.O. Box 6320, Tallahassee, FL 32314-6320

ITEM #1 – Social Security Form: Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes (F.S.).** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach to Item #2 (Nuclear Pharmacist Application).**

ITEM #2 – Nuclear Pharmacist Application: All sections must be completed in full. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for yes or no questions and could result in a delay of processing. Failure to submit a complete application will result in a processing delay. If you provide false information, the board *may* deny your application for licensure. **Please attach a check payable to THE FLORIDA DEPARTMENT OF HEALTH in the amount of \$55.00.**

ITEM #3 - Certificate of Training and Experience: Upon completion of the 500 hours of training and experience as set forth in Rule 64B16-28.903(4), F.A.C., the nuclear pharmacist who supervised you must complete and sign this form, affirming that you have met the requirements.

If the didactic and experiential training required in this section have not been completed within the last seven (7) years, you must have engaged in the lawful practice of nuclear pharmacy in another jurisdiction at least 1080 hours during the last seven (7) years.

APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation to the board, will result in an incomplete application. **Final approval cannot be granted until the application is complete.** Faxed applications will not be accepted.

- _____ **Social Security Form (Item #1) – Attach to Item #2**
- _____ **Nuclear Pharmacist Application (Item #2)**
- _____ **Check made payable to the FLORIDA DEPARTMENT OF HEALTH in the amount of \$55.00 attached.**
- _____ **Certificate of Training and Experience (Item #3)**
- _____ Certification by your supervising pharmacist of the 500 hours of training and experience as set forth in Rule 64B16-26.303(2), F.A.C
- _____ **Proof of Eligibility**
 - _____ Certification by a university or other approved program provider of your completion of 200 clock hours of formal didactic training as set forth in Rule 64B16-26.303(4), Florida Administrative Code (F.A.C.).



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CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

Name: _____
 Last First Middle

Social Security Number: _____

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.



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ITEM #2 – NUCLEAR PHARMACIST APPLICATION
FEE: \$55.00

All Nuclear Pharmacist licenses must be obtained in accordance with Section 465.0126, *Florida Statutes* and the provisions of Rule 64B16-26.303, *Florida Administrative Code*.

Please print or type legibly.

1. Biographical Data				
Last Name		First Name		Middle Name
Mailing Address			City	State Zip
Home Phone Number	Business Phone Number	Date of Birth	E-Mail Address	
<p>CORRESPONDENCE VIA E-MAIL? YES _____ NO _____ By checking "yes", you agree to allow the board office to contact you with information regarding your application via e-mail. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.</p>				
E-mail Address:			Please print legibly.	
<p>2. Equal Opportunity Data – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.</p>				
<p>SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other</p>				
<p>3. Do you have a Florida Pharmacist (PS) license active and in good standing? If yes, what is the license number?</p>				
<p>Yes _____ Florida License Number: PS _____</p> <p>No _____</p>				
<p>4. Have you ever held a Nuclear Pharmacist License in Florida? If yes, what was the license number?</p>				
<p>Yes _____ Florida License Number: NP _____</p> <p>No _____</p>				
<p>The information contained herein is true and correct to the best of my knowledge, and I am aware that my Nuclear Pharmacist registration certificate may be suspended or revoked if I violate any pharmacy law, rule or regulation, or the Florida Board of Pharmacy Code of Conduct. I hereby affix my signature as acknowledgement and agreement of such terms.</p>				
_____			_____	
Applicant Signature			Date	



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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 64B16-26.303, 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