Nuclear Medical Physics Clinical Experience

All clinical experience must be under the supervision of an ABR, ABMP or CCPM certified physicist.

The supervision must be as described in AAPM Medical Physics Practice Guideline 3.a: "Levels of supervision for medical physicists in clinical training."

| Candidate Name: | Candidate ABR ID # |
|---|--|
| Supervisor Name: | |
| **Please check the box for any ac | tivities completed under your supervision** |
| Completion of: | |
| □ Annual survey of a scintillation camera (including | SPECT) |
| □ Acceptance testing of a scintillation camera (inclu | ding SPECT) |
| □ Annual survey of a PET or PET/CT imager | |
| □ Acceptance testing of a PET or PET/CT imager | |
| □ CT system performance evaluation, of a CT scan | ner that is part of a PET/CT imaging device |
| □ Dose calibrator/ uptake probe/ well counter perfor | mance evaluation |
| □ Radiation safety audit of a nuclear medicine facilit | ry . |
| □ Shielding design for a PET/CT imaging device | |
| □ Evaluation of a diagnostic workstation | |
| □ Participation as a medical physicist in the adminis | tration of a therapeutic radionuclide. |
| □ Participation in radionuclide dose calculations for | patients (including fetal dose calculations) |
| □ Performance of release calculations for patients re | eceiving radionuclide therapies |
| I attest that the above-named candidate | ate has completed the activities described above. |
| □ Medical knowledge | |
| Practice-based learning and improvement | |
| Interpersonal and communication skills | |
| □ Professionalism | |
| □ Systems-based practice | |
| | trained in the areas checked above, meets generally nd is qualified to practice medical physics independently. |
| Supervisor Signature | Date: |