

Radionuclide Therapy Case Log

Candidates applying for the ABNM initial certification using the ABNM provisional radionuclide therapy requirements pathway must submit this form to document training. Please include dates of treatment, name of treating facility, radiopharmaceutical, and administered dose for each entry.

Candidates First Name Middle Initial Candidates Last Name Training Program/Institution Name **RADIOPHARMACEUTICAL** ADMINISTERED DOSE **NAME OF TREATING FACILITY TREATMENT DATE** 1. 2 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35.

Please submit more than one form to provide optional additional data.

I attest that the therapy experiences provided above are exact numbers and not rounded or estimated. Additionally, the therapy experiences provided above were completed under the supervision of an Authorized User (AU) who meets NRC requirements or equivalent Agreement State requirements.

Candidate Print Full Name Candidate Signature Date

Training Program Director Print Full Name

Training Program Director Signature

Date