

MRTB CLINICAL EXPERIENCE FORM
NUCLEAR MEDICINE TECHNOLOGY

Page 1 of 3



Name

Registration Number

40-0

Post qualification employment history for the last three-years¹

(Most recent employer first)

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

If above employment position was for less than three-years

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

¹ If returning to practice please provide details of your most recent 3 years of employment.

MRTB CLINICAL EXPERIENCE FORM
NUCLEAR MEDICINE TECHNOLOGY

Page 2 of 3



Please complete a separate form for each place of employment

Section 1: Hot Laboratory

Please list your experience in preparation and IV administration of Radiopharmaceuticals

.....

.....

.....

Please state your experience in in-vitro labelling

.....

.....

How much experience have you had in handling and administration of PET isotopes?

.....

.....

Section 2: Quality Control

Please list the quality control you have been involved with in the Hot Laboratory

.....

.....

.....

Please list the camera Quality Control you have experienced regularly in PET and SPECT/CT Cameras.

.....

.....

.....

Section 3: Scanning

Please list your experience in PET or SPECT/CT cameras and state the types of scanners you have worked on and the time spent on each one.

Please list the PET or SPECT/CT scans you have performed

Section 4: Treatment

Please state the treatments you have been involved in (e.g. Iodine 131 ablation)
