

# MRTB CLINICAL EXPERIENCE FORM

## NUCLEAR MEDICINE TECHNOLOGY

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Name

Registration Number

40-0

Post qualification employment history for the last three-years

(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

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

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***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

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Please state your experience in in-vitro labelling

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

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### **Section 2: Quality Control**

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

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

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### 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.

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

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### Section 4: Treatment

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

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