



**FINAL REPORT (FORM MRT 701B) SECTION 61,  
MEDICAL RADIATION TECHNOLOGISTS REGISTRATION ACT 2001**

**SUPERVISED PRACTICE PROGRAM**

**NUCLEAR MEDICINE TECHNOLOGY**

Registrant's name.....

Registration number .....

Practice name.....

Practice mailing address .....

.....

.....

Suburb / City.....

Post code.....

Practice telephone.....

Primary supervisor name.....

Registration number .....

**ABSENCE FROM WORKPLACE**

<b>Graduate</b>	<b>Actual Start Date</b>	<b>Sick Leave (Days)</b>	<b>Annual Leave (days)</b>	<b>Weekday PH worked</b>	<b>Finish Date</b>

**FOR OFFICE USE ONLY**

This probationary registrant is / is not recommended for general registration (please circle)

Signed ..... Date .....



### CLINICAL SKILLS ASSESSMENT

RATINGS SHOULD BE PROVIDED IN AT LEAST SIX (6) OF THE NINE (9) CATEGORIES

1 = SATISFACTORY 2 = PROGRESSING, NEEDS SKILL REINFORCEMENT 3 = UNSATISFACTORY

- Ability to prepare, dispense and administer diagnostic radiopharmaceuticals \_\_\_\_\_
- Ability to dispense therapeutic and palliative radiopharmaceutical doses \_\_\_\_\_
- Ability to use aseptic laboratory skills for reconstituting radiopharmaceuticals and labelling  
blood products \_\_\_\_\_
- Ability to perform radionuclide planar imaging, SPECT imaging and ECG – gated imaging  
(including studies of the heart, kidneys, lungs, skeleton, thyroid and tumours) \_\_\_\_\_
- Ability to undertake digital data analysis, processing and storage \_\_\_\_\_
- Ability in using dose calibrators, probes and radiation survey meters \_\_\_\_\_
- Ability in performing quality assurance and quality control of gamma cameras,  
dose calibrators and other such equipment \_\_\_\_\_
- Ability in performing quality assurance and quality control of radiopharmaceuticals \_\_\_\_\_
- Ability in managing patient case loads and associated administrative procedures \_\_\_\_\_

### PROBATIONARY REGISTRANT PARTICIPATION

RATINGS SHOULD BE PROVIDED IN AT LEAST ONE (1) OF THESE CATEGORIES

A = ASSIST WITH O = OBSERVATION ONLY

- Gamma Probe \_\_\_\_\_
- Positron emission tomography \_\_\_\_\_
- Clean room procedures in a radiopharmacy \_\_\_\_\_
- Medical imaging procedures including general radiography, magnetic  
resonance imaging and ultrasound \_\_\_\_\_

### PROFESSIONAL ATTRIBUTES ASSESSMENT

1 = SATISFACTORY 2 = PROGRESSING NEEDS IMPROVEMENT 3 = UNSATISFACTORY

- Demonstrates a professional approach to patient care \_\_\_\_\_
- Communication and interaction with patients and staff \_\_\_\_\_
- Conforms to professional code of practice \_\_\_\_\_
- Ability to work independently during a normal working day \_\_\_\_\_



Participation in Professional Development Activities \_\_\_\_\_   
(eg Professional meetings, in service, CPD activities)

Participation in Research (eg Case Study presentation) \_\_\_\_\_

PRIMARY SUPERVISOR'S COMMENTS

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Signature \_\_\_\_\_ Date \_\_\_\_\_

PROBATIONARY REGISTRANT'S COMMENTS

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that the information supplied on this form is confidential



**SECTION 93, MEDICAL RADIATION  
TECHNOLOGISTS REGISTRATION ACT 2001**

**NOTICE OF COMPLETION OF  
SUPERVISED PRACTICE PROGRAM**

Name of probationary registrant: .....

Registration number: .....

Profession (eg nuclear medicine technologist):

.....

Name of practice where the supervised practice program was completed:

.....

I have completed my supervised practice program and request that the probationary conditions be removed from my general registration.

Signed .....

Date .....

**Email or Print/Scan/Email to [mrt@healthregboards.qld.gov.au](mailto:mrt@healthregboards.qld.gov.au)**

**Please also send the original signed documents to:**

**Level 19  
179 Turbot Street  
Brisbane Q 4000**