

RESPONSIBLE USER'S TRAINING & EXPERIENCE

(Please type or print legibly)

Last name: _____ Initials: _____ Soc. Sec. No: _____

Training in Basic Radiation Sciences:

Type & Hours of Training.

<u>Subjects</u>	<u>Location & Dates</u>	<u>Formal Courses (hours)</u>	<u>Supervised On-the Job (hours)</u>
Nature of radiation sources	_____	_____	_____
Biological effects & risk estimates	_____	_____	_____
ALARA principle & minimizing exposure	_____	_____	_____
Correct use of protective devices	_____	_____	_____
Provisions of regulations & licenses	_____	_____	_____
Response to radiation emergencies	_____	_____	_____
Responsibilities & rights of Radiation users	_____	_____	_____

Experience in Using Radiation: List radiation sources used personally; list nuclides and quantities, description of machines, dates and nature of each use. (Attach supplemental sheets if necessary.) For each location where experience was obtained, complete on "REQUEST FOR TRAINING VERIFICATION" form (RPR 1C).

The information above is accurate and complete.

NOTICE: IT IS PERMISSIBLE TO SUBMIT A MODIFIED CURRICULUM VITAE (CV) SHOWING EXPERIENCE WITH RADIOACTIVE MATERIALS OR RADIATION PRODUCING MACHINES INSTEAD OF THIS FORM.

Signature _____ Date _____