

APPENDIX C – AUTHORIZED USER APPLICATION

STATEMENT OF TRAINING AND EXPERIENCE

(Use supplemental sheets if necessary)

AUTHORIZED USER APPLICANT NAME: _____

TITLE/POSITION: _____

HIGHEST ACADEMIC DEGREE: _____

DEPARTMENT: _____

TELEPHONE: _____

E-MAIL: _____

DATE PREPARED: _____

An individual who is planning to work with radioactive materials or equipment containing radioactive materials must satisfy the Radiation Safety Committee that he/she is qualified by virtue of training and experience to handle such materials and equipment safely. The information requested below is reviewed by the Committee when considering your application.

TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	FORMAL COURSE	ON THE JOB
Principles and practices of radiation protection			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Radioactivity measurement standardization and monitoring techniques and instruments			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mathematics and calculations basic to the use and measurement of radioactivity			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Biological effects of radiation			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EXPERIENCE WITH RADIATION (Actual use of radioisotopes)					
ISOTOPE	MAXIMUM AMOUNT	ORGANIZATION WHERE EXPERIENCE WAS GAINED	DATES OF USE	TYPE OF USE	SUPERVISED or UNSUPERVISED USE?

Applicant's Signature: _____ Date: _____

Approved by: _____ Date: _____
(Radiation Safety Officer)

Approved by: _____ Date: _____
(Radiation Safety Committee Chair)