

# Statement Regarding Training & Experience Involving Radioactive Materials

Type or Print Clearly

Name \_\_\_\_\_

1. **TRAINING** involving Basic Radiation Principles

Type of Training	Where Trained	Date of Training	On The Job (✓)	Formal Course (✓)
Principles and Practices of Radiation Protection			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation Physics and Instrumentation			<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

2. **EXPERIENCE** with Radioactive Materials

General:

Institution Where Experience Was Gained	Dates of Experience	Were You An Authorized User*? (✓)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Approved by the institutional Radiation Safety Committee to be an individual responsible for the use of radioactive materials

Specific:

(a) Have you previously conducted radioiodinations?  Yes  No

If **yes**, specify the **maximum** radioiodine activity previously used in single iodination procedures \_\_\_\_\_ mCi.

(b) Have you previously used phosphorus-32 or other energetic beta emitters ( $E_{max} > 1$  Mev)?  Yes  No If **yes**, specify the **maximum** activity ever used in single operations and the identity of the radionuclide \_\_\_\_\_ mCi; radionuclide \_\_\_\_\_.

(c) Specify the **maximum** activities of various radionuclides that you have ever used in single operations by completing the table on the reverse side.

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

A copy of this form must be completed and attached to the **initial** Application For The Use Of Radioactive Materials

