



Radiation Safety Office

STATEMENT OF TRAINING AND EXPERIENCE

Personal Information

Name: _____ Position Title: _____

University Address: _____

Office Location and Building: _____ Office Phone: _____

Education and Training (skip if information is conveyed in an attached resume/CV)

- A. High School Diploma or GED: Yes No Month / Year: _____
- B. Undergraduate Degree: Yes No Degree Earned: _____
 Month / Year: _____ Course of Study: _____
 Accredited College or University: _____
 Courses Applicable to Radiation Safety (Circle): Math Chemistry Physics Biology
- C. Graduate / Professional Degree: : Yes No Degree Earned: _____
 Month / Year: _____ Course of Study: _____
 Accredited College or University: _____
 List any Courses Applicable to Radiation Safety: _____

- D. Additional Graduate/Professional Degree: : Yes No Degree Earned: _____
 Month / Year: _____ Course of Study: _____
 List any courses applicable to Radiation Safety: _____

Training applicable to Health Physics and Radiation Safety

Check all categories where you have received training or completed coursework for the safe use of radioactive materials and/or machines producing ionizing radiation. Use the institution number from page 2. List duration in hours.

- Principles and practices of radiation protection : Institution _____ Duration: _____
- Radioactivity measurement/standardization/techniques and instruments : Inst: _____ Dur: _____
- Mathematics and calculations basic to the use and measurement of radioactivity : Inst: _____ Dur: _____
- Biological effects of radiation : Inst: _____ Dur: _____
- Rules and regulations pertaining to the licensed use of radioactive material : Inst: _____ Dur: _____
- Rules and regulations pertaining to the use of machines producing ionizing and non-ionizing radiation



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How many years have you been working with regulated sources of ionizing radiation: _____

Experience

List experience with the use of radioactive materials and radiation producing machines beginning with the most recent.

1. Dates From: _____ To: _____ Employer/University: _____
Address/City/State or Country: _____
Title: _____
Duties: _____

2. Dates From: _____ To: _____ Employer/University: _____
Address/City/State or Country: _____
Title: _____
Duties: _____

3. Dates From: _____ To: _____ Employer/University: _____
Address/City/State or Country: _____
Title: _____
Duties: _____

4. Dates From: _____ To: _____ Employer/University: _____
Address/City/State or Country: _____
Title: _____
Duties: _____



Radiation Safety Office

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Indicate the type of operations involving radioactive materials and or radiation producing machines and indicate at which institution listed above where this experience was obtained.

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Laboratories using unsealed radioactive materials | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Areas restricted due to radiation exposure | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Glove Boxes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Field Use (Remote site or reciprocity) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Sealed sources of radioactive material | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Radioactive material contamination surveys | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Analytical X-ray machines (XRD for example) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Fluoroscopy using X-ray | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Fluoroscopy using radionuclides | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> X-ray machines for human use (fluoroscopy, DXA, diagnostic) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> X-ray machines for veterinary/animal use (fluoroscopy,DXA,diagnostic) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Radioactive materials previously used (attached additional pages if necessary).

Type and Form of Use	Radionuclide	Maximum Activity Handled (list units)	Duration of Experience (years / hours)	Institution where experience gained (list number from above).

X-ray machines previously used

<u>Type / Manufacturer / Model</u>	<u>Briefly list use</u>



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Describe any other training and experience that would be appropriate to evaluate for types of proposed uses of ionizing radiation:

Certification

I hereby certify that all information contained in this Statement of Training and Experience is true and correct.

Printed Name: _____

Signature: _____

Date: _____