

Application to become an Authorized User of Radioactive Materials

Form: HP-2: Rev A

Applicant Information: *Please attach an updated resume/CV to this application*

Name: _____

Application Date: _____

Work Phone: _____

Department: _____

Email Address: _____

Location: _____

Summary of Radioactive Material Experience:

Isotope	Chemical Form(s)	Quantity Used (mCi)	Type(s) of Use	Institution	Dates Used

Summary of Training History:

Institution	Estimated Classroom hours	Estimated On-the-job Training hours	Dates

Summary of Recent Radiation Safety Training.

Please circle either Yes or No to indicate your radiation safety training experiences in the following specific areas in the last two years. This section will not influence the decision to accept or reject this application but will be used to determine the focus of training provided to the applicant if he/she is accepted as an Authorized User.

<u>Training Topics</u>	<u>Lecture/Class Training?</u>		<u>Practical Experience?</u>	
	Yes	No	Yes	No
Radiation protection principles	Yes	No	Yes	No
Radioactivity measurement and monitoring	Yes	No	Yes	No
Characteristics of Ionizing radiation	Yes	No	Yes	No
Biological effects of radiation exposure	Yes	No	Yes	No
Radionuclide handling and use	Yes	No	Yes	No

I certify that, to the best of my knowledge, the above information is accurate and correct.

_____ *Applicant Signature*