

Applicant Training and Experience Form

User Identification

Name: (first) _____ (middle) _____ (last) _____

Sex: M F Birth Date: ____/____/____ Social Security Number (Last 4 Only) ____ _

Home Phone Number: (____) _____ - _____ Lab Phone Number: _____

E-mail Address: _____ PI Name: _____

Training / Education

1) Highest Degree: _____ College or University: _____

2) Equivalent (if 1 not applicable): _____

3) Education specifically applicable to use radioactive materials or radiation producing machines (x-rays, UV sources, etc.):

Previous Experience

1) Have you ever been a radiation worker during previous employment or study? Yes No

Name of Facility: _____ **License Number:** _____

Experience

List experience working with radioactive materials beginning with the most recent. (Continue on back, if needed)

1) Dates From: _____ To: _____

Title and Duties: _____

Where: _____

2) Dates From: _____ To: _____

Title and Duties: _____

Where: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Personnel Changes (to be completed by principal investigator)

Add the above listed individual to my permit.

Printed name of Principal Investigator: _____

Principal Investigators **Signature:** _____ Date: ____ / ____ / ____