**University of Arkansas**

**Office of Environmental Health & Safety**

**APPLICATION FOR RADIONUCLIDE USE Form 2 – Training and Experience Supplement**

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| **1.** Click here to enter text.Click here to enter text.Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Name Title Department** | | | | | | | | | | | | | | | | | | | | |
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| 2. **Formal Training** | | | | | | |  | | | | | | | | | | | | | |
| a. List Dates and Institutions | | | | | | | | | | | | | | | | | | |  | |
|  | | | | **Date** | | | | | | | **Institution** | | | | | | | |  | |
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| b. List number of clock hours for each of the following subjects covered (20 hours total required for PI) | | | | | | | | | | | | | | | | | | | | |
|  | | | **Hours** | | | | | | **Subject** | | | | | | | | | |  | |
|  | | | Click here to enter text. | | | | | | Principles of radiation safety | | | | | | | | | |  | |
|  | | | Click here to enter text. | | | | | | Radiation measurement, monitoring techniques, and instruments | | | | | | | | | |  | |
|  | | | Click here to enter text. | | | | | | Mathematics and calculations basic to use and measurement of radiation | | | | | | | | | |  | |
|  | | | Click here to enter text. | | | | | | Biological Effects of Radiation | | | | | | | | | |  | |
|  | | | Click here to enter text. | | | | | | Other (specify below) | | | | | | | | | |  | |
|  | | |  | | | | | | Click here to enter text. | | | | | | | | | |  | |
|  | | | Click here to enter text. | | | | | | **Total Hours** | | | | | | | | | |  | |
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| c. Is a copy of all training certifications attached?  Yes  No | | | | | | | | | | | | | | | | | | |  | |
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| **3. Experience with Radiation Sources** | | | | | | | | | | | | | | | | | | | | |
| a. List Dates and Facilities | | | | | | | | | | | | | | | | | | |  | |
|  | | | **Date** | | | | | | | | | **Institution** | | | | | | |  | |
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| b. | | **Nuclide** | | | | | |  | **Maximum Amount (mCi)** | | | | |  | | **Type of Use** | | |  | |
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| **4. Radiation Exposure History: Complete for all facilities where you have been issued personnel monitoring (film badges, ring badges, other dosimeters) or where bioassays (thyroid uptake, urinalysis) have been performed.** | | | | | | | | | | | | | | | | | | | | |
|  | **Date(s)** | | | | | **Monitoring Type** | | | | **Bioassay Type** | | | | | **Facility and Address** | | | | |  |
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| **5. Certification: I certify that the above information is correct to the best of my knowledge, and I authorize release of my prior radiation exposure history as identified above.** | | | | | | | | | | | | | | | | | | | | |
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| **SIGNATURE:** | | | |  | | | | | | | | | | | | | **DATE:** |  | | |
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| **SIGNATURE OF DEPARTMENT CHAIR:** | | | | | | | | | | | | |  | | | | **DATE:** | | | |
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