**University of Arkansas**

**Office of Environmental Health & Safety**

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

|  |
| --- |
| **1.** Click here to enter text.Click here to enter text.Click here to enter text. |
|  **Name Title Department** |
|  |  |
| 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** |  |
|  |  |
|  c. Is a copy of all training certifications attached? [ ]  Yes [ ]  No |  |
|  |  |  |  |
| **3. Experience with Radiation Sources** |
|  a. List Dates and Facilities |  |
|  | **Date** | **Institution** |  |
|  | Click here to enter text. | Click here to enter text. |  |
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|  |  |  |  |
| b. | **Nuclide** |  | **Maximum Amount (mCi)** |  | **Type of Use** |  |
|  | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |  |
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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** |  |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
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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.** |
|  |  |  |  |
| **SIGNATURE:** |  | **DATE:** |  |
|  |  |  | Click here to enter text. |
|  |  |  |  |
| **SIGNATURE OF DEPARTMENT CHAIR:** |  | **DATE:** |
|  |  |  |
|  |  |  | Click here to enter text. |