

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 |
|---------|------------------|---------------------|----------------|-------------|------------|
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Summary of Training History:

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