

**UNIVERSITY OF CONNECTICUT  
RADIATION SAFETY OFFICE**

STATEMENT OF TRAINING

Please type or print clearly. Return to U-Box 4097 with Protocol for the Use of Radionuclides once completed.

APPLICANT'S NAME:  TELEPHONE:

DEPARTMENT:  U-BOX:

Formal Training: Describe any formal training you have in areas of Radiation Safety. Indicate areas covered (i.e., radiation fundamentals, detection, handling procedures and biological effects) dates, duration and location of the course(s).

Experience with radiation: Summarize your experience with radiation including types of sources used, location of use, maximum used at one time, duration of use and type of use.