

RADIONUCLIDE STATEMENT OF TRAINING

Please submit **completed** form with the Protocol for the Use of Radionuclides to RADIATION SAFETY, 3102 Horsebarn Hill Rd., U-4097, Storrs, CT 06269-4097.

I. APPLICANT:

Applicant's Name: _____ Telephone: _____

Department: _____ Box No.: _____

II. 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):

III. 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:

Applicant Signature: _____ **Date:** _____