

TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

2. For Physicians, State or Territory Where Licensed

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

4. DIDACTIC TRAINING

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

5. PRACTICAL EXPERIENCE WITH RADIATION (Actual use of radionuclides or equivalent experience)

Description of Experience	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience	Related Radiation Safety Exam Score

6. FORMAL TRAINING

Degree, Area of Study	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.294)