



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

September 16, 2016

ALL AGREEMENT STATES, VERMONT, WYOMING

NOTIFICATION OF NEW TRAINING APPLICATION FOR COURSE FORM ON AGREEMENT
STATE WEBSITE (STC-16-074)

Purpose: To provide notification of the new application for the training course form to be used
by the Agreement States.

Background: It was determined that additional information was needed on the application.
The revised form will facilitate quicker processing.

Discussion: Effective immediately, Agreement State applicants requesting NRC-provided
training should use the new Training Application Form. The new form can be found at the NRC
Sponsored Training for Agreement State Staff webpage under the Training and Travel Forms
web link at https://scp.nrc.gov/special/application_for_training_course.docx. An example is also
enclosed.

If you have any questions regarding this correspondence, please contact Paul Michalak at
(301) 415-5804 or the individual name below:

POINT OF CONTACT: Sandra E. Rodriguez
TELEPHONE: (301) 415-5441

*/RA/
PMichalak for DCollins*

Daniel S. Collins, Director
Division of Materials Safety, State, Tribal
and Rulemaking Programs
Office of Nuclear Material Safety
and Safeguards

Enclosure:
Training Application Form

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and Rulemaking Programs
Office of Nuclear Material Safety
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Enclosure:
Training Application Form

DISTRIBUTION: MSSA r/f Latonya Mahlahla Henry Lynn Jeff Griffis Eric Riggs

ML16260A010

OFFICE	NMSS/MSSA	NMSS/MSSA	NMSS/MSSA
NAME	SRodriguez	PMichalak	PMichalak for DCollins
DATE	9/16/16	9/16/16	9/16/16

OFFICIAL RECORD COPY

**NRC SPONSORED TRAINING FOR AGREEMENT STATE STAFF
APPLICATION FOR TRAINING COURSE/WORKSHOP**

Please complete and return to: Astrainingandtravel.Resource@nrc.gov.

If you have any questions or comments about this form, please contact Marcia Casby at 301-415-6525

SECTION I TO BE COMPLETED BY APPLICANT	
Name: Click here to enter text.	STATE: Click here to enter text.
E-Mail Address: Click here to enter text.	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Phone/Ext: Click here to enter text.	
COURSE/WORKSHOP INFORMATION	
Title of Course/Workshop: Click here to enter text.	
Course Number: Click here to enter text.	
Start Date: Click here to enter a date.	End Date: Click here to enter a date.
QUALIFICATIONS	
Currently qualified as a RAM Inspector: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Currently qualified as a RAM License Reviewer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Student is being qualified as a: RAM Inspector <input type="checkbox"/> and/or RAM License Reviewer <input type="checkbox"/>	
Please specify: Medical <input type="checkbox"/> Industrial <input type="checkbox"/> Incident Response for Materials Events <input type="checkbox"/> Academic <input type="checkbox"/> Decommissioning <input type="checkbox"/> Other Click here to enter text.	
Core Courses (Check Prior Training):	Non-Core Courses (Check Prior Training):
G-108 <input type="checkbox"/> G-109 <input type="checkbox"/> G-205 <input type="checkbox"/> H-117 <input type="checkbox"/>	H-111 <input type="checkbox"/> H-115 <input type="checkbox"/> H-119 <input type="checkbox"/> H-121 <input type="checkbox"/>
H-122 <input type="checkbox"/> H-123 <input type="checkbox"/> H-201 <input type="checkbox"/> H-304 <input type="checkbox"/>	H-312 <input type="checkbox"/> H-314* <input type="checkbox"/> H-315* <input type="checkbox"/> H-410 <input type="checkbox"/>
H-305 <input type="checkbox"/> H-308 <input type="checkbox"/> H-313 <input type="checkbox"/> S-201 <input type="checkbox"/>	H-411 <input type="checkbox"/> H-413* <input type="checkbox"/> H-500 <input type="checkbox"/> F-104* <input type="checkbox"/>
*CONSIDERED CORE FOR CERTAIN STATES	
SECTION II TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR	
Check if applicable:	
1. The State is on heightened oversight or monitoring based on last IMPEP review: <input type="checkbox"/>	
2. The State currently does not have inspection or licensing expertise to maintain current IMPEP performance levels as demonstrated by one or more recent vacancies: <input type="checkbox"/>	
Please indicate the purpose of training:	
Initial Qualification/Core Course: <input type="checkbox"/> (REQUIRED TO QUALIFY THE STUDENT AS A RAM INSPECTOR AND/OR RAM LICENSE REVIEWER)	If submitting more than one application for this course, indicate priority level: Priority: <input type="checkbox"/> of: <input type="checkbox"/> (# of Apps.)
Non-Core Course: <input type="checkbox"/> (NOT REQUIRED FOR INITIAL QUALIFICATION. PRIORITY WILL GENERALLY BE GIVEN TO STUDENTS WHO HAVE COMPLETED A MAJORITY OF CORE COURSES)	
By submitting this application, you acknowledge that the student is currently being trained to be a qualified RAM Inspector and/or RAM Licensing Reviewer.	
Radiation Control Program Director: Click here to enter text.	
Phone #: Click here to enter text.	
SIGNATURE:	

Revised: May 2016

Enclosure