

STATEMENT OF TRAINING AND EXPERIENCE

(Use additional sheets as necessary)

Instruction: Every individual proposing to use radioactive material is required to submit a Statement of Training and Experience in duplicate to the address given above. Physicians should request Form RH 2000 when applying for human use authorizations.

1 Name of proposed user: _____ Position title: _____
Address: _____ City: _____ Zip: _____
To be included in lic. No. _____ in name of _____

2. Description of proposed use:

3. Training:

- a. High School Graduate: Yes: _____ No: _____
- b. College or University: Name and location _____
Years completed _____ Degree _____ Course of study _____
- c. Education specifically applicable to use of radioactive material

4. Experience:

- a. List experience with radioactivity beginning with most recent
(1) Dates: From _____ to _____
Title and duties: _____

Employer: _____ Address: _____
(2) Dates: From _____ to _____
Title and duties: _____

Employer: _____ Address: _____
(3) Dates: From _____ to _____
Title and duties: _____

Employer: _____ Address: _____

- b. Radioactive materials previously used. Cite typical radioisotopes in appropriate box and key to part 4.a above:

Quantities Handled

	Microcuries	Millicuries	Curies	Kilocuries
Sealed Sources				
Unsealed alpha emitters				
Unsealed beta-gamma emitters				
Neutron sources				

- c. Describe procedures similar to those proposed in Part 2 with which you have had experience. Indicate months or years for each and key to Part 4.a above.

- d. Indicate which types of facilities you have used and key to Part 4.a.

- Ordinary Chemical Laboratories
- "Controlled Area" (Type B) laboratories
- Glove boxes
- Shielded glove boxes
- Caves with remote manipulators
- Field operations with portable equipment

5. Certificate:

I hereby certify that all information contained in this Statement is true and correct.

Signature of proposed user

Date