

UNIVERSITY OF MISSOURI-COLUMBIA

APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

Authorization Number:

Application Date:

TRAINING AND EXPERIENCE PAGE

[This form or attachment must be typed or printed very neatly in black ink]

Personal data

Name:

Date of Birth:

Sex: [] Female [] Male

Statement of Training (minimum of 20 total classroom hours or equivalent training and experience):

Provide the following information and documentation substantiating your training in: Principles and practices of radiation protection; Biological effects of radiation; Basic calculations for radioactivity measurement and standardization; Instrumentation and monitoring techniques; and other applicable training.

When & Where Trained

Duration & Type* of Training

Topics

*Please indicate classroom (formal) courses only.

Statement of Experience with radioactive materials (actual use or equivalent experience, minimum of 20 total hours):

Provide the following information and documentation substantiating your experience --

<u>Isotope</u>	<u>Activities Used</u> <u>(mCi)</u>	<u>Type of Use</u>	<u>Date, Duration &</u> <u>Location of Experience</u>
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