

**NATIONAL CANCER INSTITUTE AT FREDERICK  
RADIATION TRAINING AND EXPERIENCE**

*(Do Not Hand Write This Form)*

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**TO: RADIATION SAFETY OFFICE**

**DATE:** \_\_\_\_\_

**RADIATION PROGRAM NUMBER:** \_\_\_\_\_

Please amend the applicant to use radioactive isotopes under the conditions of the program document, and within the limits specified in Section "F" of this application.

The following information will be used to determine whether the applicant will be authorized to use radioactive isotopes at NCI-Frederick.

New Applicant: \_\_\_\_\_  
(First) (Middle) (Last) (Employee No.)

Birth Date: \_\_\_\_\_ Present Position (Title): \_\_\_\_\_

Location (Building/Room): \_\_\_\_\_

Employer: Government \_\_\_\_\_ SAIC \_\_\_\_\_ Other \_\_\_\_\_

For the following, please supply as much detail as possible. Use additional pages, as needed.

**Educational Background**

College/University	Address	Degree	Year awarded

**Formal Training:** List training that covered any of the following topics:

- Principles and practices of radiation protection
- Radiation monitoring techniques and instruments used
- Mathematics and calculations basic to the use and measurement of radioactivity
- Biological effects of radiation

Name of course/Institution sponsoring course	Length of Course	Dates of attendance

**On-the-Job Experience:** List all experience working with radiation materials.

Time (weeks, months, years)	Isotope(s)	Activities used	Location

**REQUESTED CLEARANCES (Isotope/maximum activity per experiment):**

<b>ISOTOPE</b>	<b>MAXIMUM ACTIVITY PER EXPERIMENT (in mCi)</b>

The above information accurately reflects my prior experience with radioactive material. In applying for authorization to use radioisotopes at NCI-Frederick, I will abide by all requirements set forth in the *Radiation Safety Manual*, and further, understand that I must receive protocol specific training in radiological protocols prior to such use.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

I have reviewed the above qualifications and accept responsibility for the applicant's use of radioisotopes as outlined in the NCI-Frederick *Radiation Safety Manual*. The applicant will be trained in the specific safety hazards associated with any radiation protocols utilized in this program.

\_\_\_\_\_  
(Principal Investigator's Signature)

\_\_\_\_\_  
(Date)

**\*PROOF OF PROTOCOL-SPECIFIC TRAINING COMPLETION (COPY OF SIGNATURE SHEET) MUST BE PROVIDED WITH THIS FORM.**

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New Applicant: \_\_\_\_\_  
(First) (Middle) (Last) (Employee No.)

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature) (Date)

*(This page will be destroyed upon completion of the approval process.)*