

Priority \_\_\_\_\_

APPLICATION FOR TRAINING COURSE/WORKSHOP  
(Please Type)

Date: \_\_\_\_\_

A. To be completed by Applicant

1. Title of Course/Workshop: \_\_\_\_\_ Dates: \_\_\_\_\_

2. Name of Applicant: \_\_\_\_\_

3. U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_

5. Business  
Address: \_\_\_\_\_  
\_\_\_\_\_

Business Telephone No: \_\_\_\_\_

Business FAX Telephone No.: \_\_\_\_\_

6. Applicant's Current Title: \_\_\_\_\_

Description of current duties: \_\_\_\_\_  
\_\_\_\_\_

7. List any previous training in health physics.  
\_\_\_\_\_  
\_\_\_\_\_

B. To be completed by the State Radiation Control Program Director

1. Please provide a brief statement indicating why you want this individual to attend this course.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Please prioritize the applications if you have more than one being submitted. (Indicate the reason for the training:

1) Initial qualification \_\_\_\_\_ (required in individual's qualification plan)

2) Cross-Training \_\_\_\_\_

3) Refresher Training \_\_\_\_\_

4) Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Radiation Control  
Program Director

\_\_\_\_\_  
Agency/Management Official  
(if applicable; see B.2.)

The completed application should be sent to:

Brenda Usilton  
Mail Stop T-8E24  
Division of Materials Safety and State Agreements  
Office of Federal and State Materials and  
Environmental Management Programs  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555

or FAX to DMSSA/FSME: 301-415-3502  
or E-mail to [BGU@NRC.GOV](mailto:BGU@NRC.GOV)