

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 T T Š 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 _____
- 2) Cross-Training _____
- 3) Refresher Training _____
- 4) Other _____

Signature of T T Š [*] a [A] & []

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