

**Advanced Technology Research Facility (ATRF)
Radioisotope 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 this application.

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

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

Course name/Institution sponsoring course	Length of Course	Date(s) attended

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

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

Requested Clearances (Isotope/maximum activity per experiment):

Isotope	Maximum Activity per Experiment (mCi)

The above information accurately reflects my prior experience with radioactive material. In applying for authorization to use radioisotopes at the ATRF, I will abide by all requirements set forth in the *ATRF 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 *ATRF 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)

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