

Statement of Training and Experience

(To be completed by ALL personnel who will be working with radioactive materials)

Name:		Department:		Ext.:	
Classification: <i>(Faculty, Technician, Student, etc.)</i>		Radioactive Material to be used:		Principal Investigator:	
Type of Training	Where Trained	Dates and Duration of Training	On the Job?	Formal Course?	
A. Principals and practices of radiation protection			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Radioactivity measurement, standardization, monitoring techniques and instruments			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Mathematics and calculations basic to use and measurement of radioactivity			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Biological effects of radiation			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Radioisotope Handling Experience

Isotope	Maximum Amount	Where Experience was Gained	Dates and Duration of Experience	Types of Use

Have radiation exposure records been maintained for you at another institution? *YES NO

I have read and will abide by the University regulations set forth in the FAU Radiation Safety Manual.

Signature	Date
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If additional space is needed, use the back of this sheet or attach additional sheets.