

**University of Arkansas at Little Rock - APPLICATION FOR RADIONUCLIDE USE  
FORM 2 - TRAINING AND EXPERIENCE SUPPLEMENT (Attach to Form 1)**

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**1. NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DEPT.:** \_\_\_\_\_  
**SOCIAL SECURITY NO:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**2. FORMAL TRAINING:**

**a. List Dates and Institution(s):**

**b. List number of clock hours for each of the following subjects covered (20 hours total required for P.I.):**

Hours _____	Subject _____
	Principles of radiation safety
	Radiation measurement, monitoring techniques and instruments
	Mathematics & calculations basic to use and measurement of radiation
	Biological effects of radiation
_____	Other (specify)
	Total hours

**c. Is a copy of certification of training attached to application? \_\_\_\_\_ yes \_\_\_\_\_ no**

**3. EXPERIENCE WITH RADIATION SOURCES:**

**a. Dates and Institution(s):**

**b. Nuclide \_\_\_\_\_ Maximum amount (mCi) \_\_\_\_\_ Type of use \_\_\_\_\_**

**4. RADIATION EXPOSURE HISTORY: Give address(es) of facilities where you have been issued personnel monitoring (film badges, ring badges) or where bioassays (thyroid uptake, urinalysis) have been performed. (Include dates).**

Date(s) \_\_\_\_\_ Monitoring type \_\_\_\_\_ Bioassay type \_\_\_\_\_ Facility and address \_\_\_\_\_

**5. CERTIFICATION: I certify that the above information is correct to the best of my knowledge and I authorize release of my previous radiation exposure history as described above.**

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