



Marshall University Radiation Safety Office

Statement of Training & Experience

Name: _____ <Full Name, Title> Date of Birth: _____ <MM/DD/YYYY>

Department: _____ < Department> Office or lab: _____ <Bldg. & Lab/Office #>

Extension: _____ Office: (304)-696-XXXX Lab: (304)-696-XXXX

Email: _____ youremail@live.marshall.edu

Type of Training	Dates and Duration of Training	Where Trained	On the Job (yes/no)	Formal Course (yes/no)
Principles and practices of radiation protection				
Characteristics of ionizing radiation				
Measurement of radioactivity: units of dose and quantity; use of detection instrumentation, monitoring techniques				
Biological effects of radiation				
Mathematics and calculations basic to use and measurement of radioactivity				

RADIOISOTOPE HANDLING EXPERIENCE

Isotope	Maximum Amount	Where Experience was gained	Dates and Duration of Experience	Type of Use

Applicant Signature: _____ Date: _____

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University Radiation Safety Office