

**STATEMENT OF TRAINING AND EXPERIENCE**

(Use additional sheets as necessary)

Instructions: Each individual proposing to use radioactive material is required to submit a Statement of Training and Experience **in duplicate** to **Radiologic Health Branch, 714/744 P Street, MS 178, P.O. Box 942732, Sacramento, CA 94234-7320**. Physicians should request form RH 2000 A when applying for human-use authorizations. Radiographers should request form RH 2050 IR.

1. Name of Proposed User		Position Title	
Employer Address (Street Address)	City	State	ZIP Code
Radioactive Materials License Number	Radioactive Materials License Name		
2. Training			
a. College or University <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name			
City		State	
Years Completed	Degree	Course of Study	
b. Education specifically applicable to use of radioactive material			
3. Experience			
a. List experience with use of radioactive materials beginning with most recent			
(1) Dates From _____ To _____		Employer	
Titles and Duties			
Radioactive Materials License Number			Date
Employer Address (Street Address)	City	State	ZIP Code
(2) Dates From _____ To _____		Employer	
Titles and Duties			
Radioactive Materials License Number			Date
Employer Address (Street Address)	City	State	ZIP Code
(3) Dates From _____ To _____		Employer	
Titles and Duties			
Radioactive Materials License Number			Date
Employer Address (Street Address)	City	State	ZIP Code
(4) Dates From _____ To _____		Employer	
Titles and Duties			
Radioactive Materials License Number			Date
Employer Address (Street Address)	City	State	ZIP Code

b. Indicate the facilities and operations where training was received and refer to Part 3.a. when answering the following:

- |  |                              |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Laboratories using radiochemicals | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| <input type="checkbox"/> Restricted area laboratories      | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| <input type="checkbox"/> Glove boxes                       | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| <input type="checkbox"/> Field operations                  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| <input type="checkbox"/> Environmental applications        | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| <input type="checkbox"/> Other (please describe) _____     | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |

c. Radioactive materials previously used. Identify typical radioisotopes in appropriate box and refer to Part 3.a. on preceding page:

	<b>Quantities Handled</b>			
	<b>(a) Microcuries</b>	<b>(b) Millicuries</b>	<b>(c) Curies</b>	<b>(d) Kilocuries</b>
(1) Sealed sources				
(2) Unsealed alpha emitters				
(3) Unsealed beta-gamma emitters				
(4) Neutron sources				

d. Describe the procedures similar to those proposed in which you have had experience. Indicate months or years for each and refer to Part 3.a. on preceding page.

4. Certificate:

The information you are asked to provide on this form is requested by the State of California, Department of Health Services, Radiologic Health Branch. This notice is required by Section 1798.17 of the Information Practices Act of 1977 (Code of Civil Procedure, Section 1798-1798.76) and the Federal Privacy Act to be provided whenever an agency requests personal or confidential information from any individual. It is mandatory that you furnish the information requested on this form. Failure to furnish the requested information may result in an inaccurate determination of statements and/or disapproval of your application.

I hereby certify that all information contained in this statement is true and correct.

5. Previous radiation exposure:

In the last three months I have been issued a dosimeter or participated in a bioassay program: yes \_\_\_\_ no \_\_\_\_

\_\_\_\_\_  
Signature of proposed user

\_\_\_\_\_  
Date