

Radioactive Materials Principal Investigator Applicant Training and Experience

1. Applicant Information

General Information:			
Last Name	First Name	(M.I.)	Suffix
Additional Information:			
Department	Position	Campus	Telephone
Email address			
Office Location:			
Building	Room	Street Address	

2. Training

3. Experience

Type of Training	Training Location	Date	On The Job	Formal Course
Principles and Practices of Radiation Protection			"Yes No	"Yes No
Radiation Physics and Radiological Instrumentation			"Yes No	"Yes No
Biological Effects of Radiation			"Yes No	"Yes No

a. Radioactive Materials Handling

- i. Have you previously used radioactive materials? If yes, specify the radionuclide, form, quantity and location of use by completing the table below.

Select" Radionuclide	Chemical and/or Physical Form	Maximum Activity Handled (mCi)	Institution Where Radioactive Materials were Handled

b. Responsibility as an Authorized User (AU) or Principal Investigator (PI)

- i. Have you been delegated authority to use radioactive material as an AU or PI at another institution? If yes, please specify the institution and dates of experience.

Institution	Date

4. Confirmation and Signature

I have received, read, understand, and agree to follow the requirements of the Tufts University Radiation Safety Manual. I hereby authorize any or all of the above information to be disclosed to pertinent and required personnel for the purpose of fulfilling the partial requirements of radioactive materials permitting.

Signature of Applicant : _____ Date: ____/____/____

*Please append CV or Resume along with this application