STATEMENT OF TRAINING & EXPERIENCE

INSTRUCTIONS: Complete all sections of this form and submit by email to HSC-RadiationSafety@salud.unm.edu; in person to the Clinical & Translational Science Center (CTSC), room B50K; or by mail to the following address: University of New Mexico, Attn: HSC Radiation Safety, 1 University of New Mexico MSC08-4560, Albuquerque, NM, 87109.

# PURPOSE OF STATEMENT

Working from left to right, make the appropriate indication from each column of options.

I am a…

|  |  |  |
| --- | --- | --- |
| [ ]  New | [ ]  Supervised Worker (WDS) | [ ]  Providing a new ST&E to the Radiation Safety office |
| [ ]  Unsupervised Worker (WODS) | [ ]  Updating a ST&E on file with the Radiation Safety office |
| [ ]  Current | [ ]  Supervisor of Use (SOU | [ ]  Requesting authorization to become a Supervisor of Use  |
| [ ]  Permit Holder (PH) | [ ]  Requesting authorization to become a Permit Holder  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |   | Title:  |   |
| Department:  |   | Building:  |   |
| Office:  |   | Email:  |   |
| Phone:  |   | UNM ID:  |   |

# DESCRIPTION OF PAST TRAINING

Describe your formal and on-the-job instruction related to measurement, use, detection, and control of radioactive materials and radiation-producing machinery. If no previous training, enter "None" in the first cell and proceed to the next section. List additional entries on a separate attachment.

|  |  |  |  |
| --- | --- | --- | --- |
| Course Name |  Course Date(s) | Training Providers | Total Hours of Instruction |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

# 3a. DESCRIPTION OF PAST EXPERIENCE - RADIOACTIVE MATERIALS (RAM)

Describe any hands-on work experience with radioactive materials, beginning with the most recent. If no previous experience, enter "None" in the first cell and proceed to the next section. List additional entries on a separate attachment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution Name | Duration of Experience | Isotope | Quantity | Form | Use(s) |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |

# 3b. DESCRIPTION OF PAST EXPERIENCE - RADIATION-PRODUCING MACHINES

Describe any hands-on work experience with radiation-producing machinery, beginning with the most recent. If no previous experience, enter "None" in the first cell and proceed to the next section. List additional entries on a separate attachment.

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name | Duration of Experience | Radiation-producing Machine(s) | Use(s) |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

# 4. SIGNATURE

My signature below indicates that the information contained on this document is accurate and true to the best of my ability. Applicant Signature and Date:

