

FORM RC-1 (Rev. 11/95)

STATEMENT OF TRAINING AND EXPERIENCE

NAME _____ TITLE _____

DEPARTMENT _____ TELEPHONE _____

TRAINING

TOPICS OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB		FORMAL COURSE	
			YES	NO	YES	NO
A. Principles and practices of radiation protection.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Radioactivity measurement and monitoring techniques including efficiency determination.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mathematics and basic calculations involved in the measurement and decay of radioactive materials.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Biological effects of ionizing radiation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE

Nuclide	Maximum Amount Authorized	Institution Where Gained	Dates of Experience	Type of Uses

At what level was the indicated experience?

Principal Investigator _____ Technician _____ Student _____

I HAVE READ AND WILL ABIDE BY THE REGULATIONS AS SET FORTH IN THE
UNIVERSITY OF MIAMI RADIATION CONTROL MANUAL.

Signature _____ Date _____

ENDORSEMENT

Signature _____ Date _____
Department Chairman