

NATIONAL CANCER INSTITUTE AT FREDERICK

RADIOLOGICAL TRAINING AND EXPERIENCE

(This form must be typed)

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TO : RADIATION SAFETY OFFICE

DATE: _____

RADIOLOGICAL PROGRAM NUMBER: _____

Please amend the applicant to use radioactive isotopes under the conditions of the program document, and within the limits specified in Section "F" of this application.

The following information will be used to determine whether the applicant will be authorized to use radioactive isotopes at NCI-Frederick.

New Applicant: _____
(First) (Middle) (Last) (Employee No.)

Birth Date: _____ Social Security Number _____

Present Position (Title): _____

Location (Building/Room): _____

Employer: Government _____ SAIC _____ Other _____

REQUESTED CLEARANCES (Isotope/maximum activity per experiment):

ISOTOPE	MAXIMUM ACTIVITY PER EXPERIMENT (in mCi)

The above information accurately reflects my prior experience with radioactive material. In applying for authorization to use radioisotopes at NCI-Frederick, I will abide by all requirements set forth in the *Radiological Safety Manual*, and further, understand that I must receive protocol specific training in radiological protocols prior to such use.

(Applicant's Signature)

(Date)

I have reviewed the above qualifications and accept responsibility for the applicant's use of radioisotopes as outlined under article C of the NCI-Frederick *Radiological Safety Manual*.

(Principal Investigator's Signature)

(Date)

***PROOF OF PROTOCOL-SPECIFIC TRAINING COMPLETION (COPY OF SIGNATURE SHEET) MUST BE PROVIDED WITH THIS FORM.**