

OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES

1111 West 17th
Tulsa, OK 74107

RADIATION AUTHORIZED USER APPLICATION

(COMPLETE, OBTAIN DEPARTMENT CHAIR SIGNATURE; THEN SEND TO RADIATION SAFETY OFFICER)

STATEMENT OF TRAINING AND EXPERIENCE

Name _____ CWID # _____

Department _____ Date _____

Planned Isotope(s) Use _____ Max. Amount(s) at any one Time _____

TYPE OF TRAINING

(Indicate yes or no in columns I and II. If "yes" is indicated in either column, complete columns III and IV.)

	I	II	III	IV
	Formal Course	On the Job	Where Trained	Duration of Training
a) Principles and Practices of Radiation Protection				
b) Radioactivity measurement monitoring techniques, and instruments				
c) Mathematics and calculations basic to the use and measurement of radioactivity				
d) Biological effects of radiation				

Note: use additional pages as necessary

FORMAL COURSES

(If you indicated "yes" in Column I for any of the items above, please list all courses completed pertaining to the use of radiation or radioactive materials, atomic and nuclear structure, radiochemistry, radiation biology, nuclear engineering, etc.)

Date	Title of Course	Where Trained	Course Content	Duration

EXPERIENCE

RS-3: Radiation Authorized User Application

(List actual use of radioactive materials, details of formal laboratory courses, or on-the-job training.)

Isotope	Maximum Amount	Where Experience Gained	Duration	Type of Use

ADDITIONAL COMMENTS OR REMARKS:

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SIGNATURE SECTION:

I certify that the above information is accurate.

Authorized User Applicant _____ Date _____

APPROVED _____ Date _____
Department Chair

APPROVED _____ Date _____
Radiation Safety Officer

APPROVED _____ Date _____
Chemical Hygiene and Radiation Use
Committee Chair