

**APPLICATION FOR RADIOACTIVE MATERIAL USE
PERMIT HOLDER
PERSONAL DATA FORM**

INSTRUCTIONS: The original and 15 copies of this form should be completed and submitted to the Radiation Safety Office along with your curriculum vitae or transcript.

DATE:

1. NAME:

TELEPHONE:

2. DEPARTMENT/DIVISION:

3. BUILDING:

ROOM #:

4. Are you presently licensed to use radioactive materials at USA? Yes _____ No _____.
If yes, list the radionuclide(s), chemical form(s), possession limit(s), and indicate if the radionuclide is intended for human use.

RADIONUCLIDE	CHEMICAL FORM(S)	POSSESSION LIMIT(S)	HUMAN USE

(If answer to item 4. is yes, you may omit responses to items 5, 6, 7, and 8; provided the requested information has not changed).

5. Have you been licensed for use of radioactive materials at locations other than USA? Yes _____ No _____. If yes, state the location(s), dates, radionuclide(s), chemical form(s), possession limit(s), and human use.

6. Have radiation exposure records been maintained for you at these locations? Yes _____ No _____. If yes, state the location(s) and dates. If the exposure records have been maintained under a name other than the one listed in item 1., please indicate.

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7. List formal training received in Radiation Safety or Radionuclides Techniques. This should include: title of course, institution where course was taken, and dates attended. A letter, certificate, or transcript, verifying course completion should accompany this application.

8. List experience obtained in working with radioactive materials other than those indicated in item 5. This should include: dates, location(s), chemical form(s), the amounts routinely used in single applications, and if used with animals or humans. (Attach a separate sheet if necessary).

9. I certify that I have read and understand the University of South Alabama Radiation Safety Procedures Manual (and the University Hospital Radiation Safety Procedures Manual if for human use). Every individual working with radioactive materials under my supervision will be required to read this manual and attend an orientation course. No one under the age of 18 will be permitted to work with radioactive material without approval from the Radiation Safety Officer.

Applicant's Signature

*Medical Doctors requesting permission to use radiation on human subjects must furnish a current ALABAMA MEDICAL LICENSE # _____

AND DATE: _____

Received by Radiation Safety Officer on _____
Date

Received by Radiation Safety Committee Chairman on _____
Date

Approved on _____
Date