



**2. Formal Courses** (Do not include Purdue Radiation Safety Training. List all courses taken for credit pertaining to the use of radiation or radioactive materials such as radiochemistry, radiation biology, nuclear engineering, etc.)

Title of Course	Where Trained	Duration	Course Content

**3. Experience** (List actual use of radioactive materials, radiation producing devices; details of formal laboratory courses; on-the-job training; and etc.)

Isotope	Maximum Used (mCi)	Where Gained	Duration	Type of Use

**4. Occupational Radiation Exposure History** (Previous employers, including Purdue, involving radiation exposure)

Name and Address of Employer and Department	Dates of Employment (From - To)

No previous occupational radiation exposure history.

<b>To Be Completed by The Project Director</b>	
I have read and understand the Purdue University Radiation Safety Manual and will comply with university, state, and federal regulations governing the use and storage of radioisotopes and radiation producing devices. I will ensure the applicant receives project-specific training and other necessary guidance and training.	
Project Director: _____ <small>(Please Print)</small>	Signature: _____
Authorization Number: _____	Date: _____

I have received instruction on prenatal exposure risks to developing embryos and fetuses and understand the NRC regulations that require prenatal occupational exposure be 0.5 rem or less during a declared pregnant woman’s entire gestation period.

I have been given an opportunity to ask questions and am aware that I may discuss occupational exposure with a member of the Radiation Safety staff at any time in the future.

I have read and understand the Purdue University Radiation Safety Handbook and will comply with university, state and federal regulations governing the use of radioisotopes and other sources of ionizing radiation.

I grant permission to make available any and all information concerning my radiation exposure history while employed by or assigned to the previous addresses listed.

I certify that the statements contained in this application are correct and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_