

REGISTRATION OF RADIATION SERVICES (PA Individual Supplemental Form)

1. Name, mailing address of applicant

Contact Name: _____ **Telephone No:** Area Code () _____

2. Training (Each servicer must have received instructions in all items of Appendix A of Rule 420-3-26-.09)

Type of Training	Where Trained	Training Duration	On the Job (Circle Answer)		Formal Course (Circle Answer)	
			Yes	No	Yes	No
1. Fundamentals of radiation safety			Yes	No	Yes	No
2. Radiation detection instrumentation to be used			Yes	No	Yes	No
3. Operation and control of particle accelerators			Yes	No	Yes	No
4. Requirements of pertinent state rules			Yes	No	Yes	No

3. Professional Certification (List any professional certifications or licenses that you hold)

4. Experience With Radiation

Date	Company Name and Location	Describe Duties Performed

5. Documentation of Qualified Expert: 420-3-26-.01(2)(a)77.

1. Certification by the American Board of Radiology in (enclose copy of certificate):

Specialty	Date of Certification	Certification Number	Certification Status
A. Therapeutic Radiological Physics			
B. Radiological Physics			
C. Roentgen-Ray and Gamma-Ray Physics			
D. X-Ray and Radium Physics			
E. Other (specify)			

2. Formal Education and Experience

Specialty	Degree	Date Attained	Institution
A. Physics			
B. Biophysics			
C. Radiological Physics			
D. Health Physics			
E. Other (specify)			

3. One year of full-time supervised experience in a medical use facility which included full calibration measurements, periodic spot checks and radiation surveys with at least one particle accelerator was obtained at _____
(Name of Institution)
 during _____
(Dates).

6. Certification: The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certifies that this application is prepared in conformity with Chapter 420-3-26, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Signature of Certifying Official

Printed Name and Title of Certifying Official

Date