Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Department | Date of Birth | | Phone Number/Email |
|  |  |  | |  |
| HP Issued # | Frequency | | Badge Type | |
|  |  | |  | |

PREVIOUS OCCUPATIONAL EXPOSURE

|  |  |
| --- | --- |
| **Institution Name and Address** | **Dates of Employment** |
|  |  |
|  |  |
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|  |  |
|  |  |

Acknowledgement and Signature

By signing below, I agree that the Radiation Safety Program, including ALARA, and the radiation hazards and precautions specific to my department have been fully explained to me and that all information listed on this form is accurate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Applicant (Print Name)** |  | **Signature** |  | **Date** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Radiation Safety Officer (Print Name)** |  | **Signature** |  | **Date** |