

# STATEMENT OF AGREEMENT, TRAINING, AND EXPERIENCE

East Carolina University  
Office of Radiation Safety  
Brody Building  
Greenville, NC 27834

## GENERAL

DATE:

AUTHORIZED USER NAME:

USER NUMBER:

DEPARTMENT:

BUILDING: ----- ROOM#:

PHONE: - - -

ACADEMIC DEGREES AND AREAS OF STUDY:

---

## TRAINING

LIST ANY FORMAL COURSES, ON THE JOB TRAINING, etc., WHICH YOU FEEL HAS ENHANCED YOUR QUALIFICATIONS TO WORK WITH RADIATION. INCLUDE SUCH AREAS AS PRINCIPLES OF RADIATION PROTECTION, BIOLOGICAL EFFECTS OF RADIATION, MONITORING TECHNIQUES, etc.

COURSE TITLE, AREA COVERED, OR ON-THE-JOB TRAINING:

LOCATION OF TRAINING:

DURATION:

---

## EXPERIENCE

LIST ANY RADIOACTIVE MATERIAL USED INCLUDING ISOTOPE, MAXIMUM ACTIVITY, TYPE OF USE, WHERE USED, AND DURATION OF USE. ALSO LIST ANY RADIATION PRODUCING ELECTRONIC DEVICES YOU HAVE USED.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE EAST CAROLINA UNIVERSITY RADIATION SAFETY MANUAL AND THE NORTH CAROLINA REGULATIONS FOR PROTECTION AGAINST RADIATION AND WILL ABIDE BY THE APPROPRIATE REGULATIONS.

SIGNED \_\_\_\_\_ DATE