

APPLICATION / REGISTRATION FORM FOR QUALIFIED EXPERT

Radiologic Physicist

X-Ray Survey Technician

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PERSONAL INFORMATION		EDUCATION
Name: Address: Telephone: Work Home	High School : College : Advanced Degree:	
WORK EXPERIENCE		
EMPLOYER	Yrs. EMPLOYED	DESCRIPTION OF WORK PERFORMED
EQUIPMENT USED		
MEASURING:	CALIBRATION:	

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SERVICES and/or SURVEYS to be PERFORMED

RADIOLOGIC PHYSICIST *if APPLICATION is for SURVEY TECHNICIAN*

Mail to: X-Ray / Mammography Section
Maine Radiation Control Program
11 State House Station
286 Water Street – 4th Floor
Augusta, Maine 04333-0011

Please direct any questions or comments to: Tel: 207-287-5676; Fax: 207 287-3059; or email at radiation.dhhs@maine.gov