

STATE OF MAINE
Radiation Control Program
Individual Training and Experience
supplemental sheet to HHE form 850

INSTRUCTIONS: This must be completed for all personnel who will be working with or supervising activities involved with radioactive material. Copies of this sheet may be made as needed. Additional information may be required. Consult the specific license application guide for more information.

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, age, or national origin, in admission to, access to or operations of its programs, services, or activities or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Acts of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the DHHS' ADA Compliance/EEO Coordinator, State House Station #11, Augusta, Maine 04333, 207-287-4289 (V) or 207-287 3488 (V), TTY: 800-606-0215. Individuals who need auxiliary aids for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats, upon request.

1. Name and Title of Person (please print or type)				
2. Training	Where/When	Hours of Training	Formal Course	On-the job
a) Principles and practices of radiation protection				
b) Radioactivity measurement standardization and monitoring techniques and instrumentation				
c) Mathematics and calculations basic to use and measurement of radioactivity				
d) Biological effects of radiation				
3. Experience: Provide a narrative of experience in working with radioactive materials				

4. Certification: I certify that the above mentioned information is true and correct.

Signature:

Date