

**PERSONAL DATA FORM FOR LICENSEE**

(Supplementary Information Documenting Training and Experience with Radioisotopes)

**INSTRUCTIONS:** This form needs to be completed only once for the radioactive materials licensee and for each alternate licensee and will be kept on file in the UAB Radiation Safety Program. Please type or print the requested information and send the original to the Radiation Safety Program, Occupational Health and Safety Department. Also make one copy for your own files.

- 1. Name \_\_\_\_\_ Date \_\_\_\_\_  
(Include suffix, ie: Ph.D., M.D., etc...)
- 2. Title/Position \_\_\_\_\_
- 3. Department \_\_\_\_\_
- 4. Campus Mailing Address \_\_\_\_\_
- 5. Campus Phone Ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

6. Have you ever been licensed to use of radioisotopes at facilities other than UAB?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, complete the following:

<u>Facility</u>	<u>Dates</u>	<u>Radioisotopes</u>	<u>Chemical Form</u>	<u>Possession Limits</u>

B. If no, give your experience with radioisotopes by completing the following:

Facility: \_\_\_\_\_

Radioisotope(s),  
Chemical forms  
and amounts used: \_\_\_\_\_

Duties: \_\_\_\_\_

---



---



---



---

7. Describe the nature of your past use or studies with radioisotopes.

---

---

---

---

8. Give the name(s) of one or more persons who can be contracted concerning your previous radioisotopes experience or licensure.

9. Have radiation exposure records been maintained for you at other facilities?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, list each one and give the dates of the monitoring period. If the exposure records were maintained under a former name, please provide where applicable.

10. List all formal training received in Radiation Safety.

<u>Title of Course</u>	<u>Institutions</u>	<u>Date Attended</u>	<u>Certification (Yes / No)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certificate

I, the undersigned, certify that the information provided herein, including all supplements attached hereto, is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Person Named in Item 1 (Type or Print)

Date \_\_\_\_\_

\_\_\_\_\_  
Person Named in Item 1 (Signature)