RS-3 / Statement of Training and Experience

Instructions: Complete all sections as appropriate and submit electronically to the Radiation Safety Officers at **RSO@nmt.edu**

Date: _____

SECTION 1 – Individual Information

Full Name: _____ 900#: _____

Title / Position: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Supervisor / Department Chair: _____

SECTION 2 – Purpose of Statement

Attach additional pages, certificates, licenses, permits, or other supporting documentation as appropriate.

a. Submission Type

☐ Initial Statement of Training and Experience

☐ Updated Statement of Training and Experience

b. Purpose

☐ Individual who will work with radioactive material under an Authorized User's Radiation Use Permit

☐ Alternate Authorized User

☐ Applicant for Authorized User status *(RS-1 application required)*

☐ Other: _____

SECTION 3 – Previous Radiation Training and Experience

Describe previous formal training and practical/on-the-job experience related to the use, measurement, detection, or control of radioactive material and/or radiation-producing machines. If none, enter "None."

Course / Training / Experience	Radionuclides / Devices	Approx. Date(s)	Institution / Instructor	On-the-Job	Formal
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

SECTION 4 – NMT Radiation Safety Training

Training	Date Completed	Instructor / Platform
Radiation Fundamentals		
Properties of Ionizing Radiation		
Biological Effects of Radiation		
Principles of Radiation Protection		
Radiation Detection		
Radioactive Materials Regulations		
Radioactive Waste		
Emergency Response		

SECTION 5 – Radiation Work Qualification

Based on the training and experience documented above, the individual is:

☐ Qualified to perform authorized radiation work without direct supervision, within applicable Radiation Use Permit conditions

☐ Qualified to perform radiation work only under direct supervision

☐ Additional training and/or supervised experience required before performing radiation work

Restrictions / Conditions, if applicable: _____

SECTION 6 – Individual Certification

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that I may perform radiation work only within the scope of my documented training, applicable authorization, and Radiation Use Permit conditions, and that I must comply with the NMT Radiation Safety Manual and applicable radiation-safety procedures.

Individual Signature: _____ Date: _____

Printed Name: _____

SECTION 7 – Authorized User and RSO Review

Authorized User:

☐ Training and experience reviewed

☐ Required lab-specific/practical training completed, as applicable

SOPs / Procedures covered: _____

☐ Recommend work without direct supervision within applicable permit conditions

☐ Direct supervision required

☐ Additional training/experience required

Authorized User: _____ Date: _____

Printed Name: _____

RSO:

☐ Approved for work without direct supervision within applicable permit conditions

☐ Approved for work under direct supervision only

☐ Additional training/experience required

☐ Not approved for radiation work at this time

Restrictions/conditions, if applicable: _____

_____

RSO signature: _____ Date: _____

Printed Name: _____