Supplement A



STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES RADIOLOGICAL HEALTH SECTION

TRAINING AND EXPERIENCE

☐ AUTHORIZED USER					☐ RADIATION SAFETY OFFICER			
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER								
2. FORMAL TRAINING IN RADIATION SAFETY								
						Extent of Training		
Field of Training		Location and Date(s) of Training			Course(s) (Hours)		Supervised Experience (Hours)	
Radiation Physics and Instrumentation								
Principles and Practices of Radiation Protection								
Mathematics Pertaining the Use and Measurem of Radioactivity								
Biological Effects of Radiation								
3. EXPERIENCE WITH RADIATION (Actual use of Radioactive Materials or Equivalent Experience)								
Isotope	Maximum Amount		Where Experience Was Gained			ration of ence (Years)		ype of Use