

Appendix B  
**CITY OF NEW YORK**

**APPLICATION FOR RADIOACTIVE MATERIALS LICENSE**  
 Supplement I

**TRAINING AND EXPERIENCE FOR AUTHORIZED USER OR RADIATION SAFETY OFFICER**

<b>1. NAME</b>	<b>2. LICENSING STATE</b>
Proposed authorized user or radiation safety officer	For physicians, state or territory where licensed

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
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**4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES**

Field of Training	Location and Dates of Training	Clock hours in lecture or laboratory	Clock hours of supervised on-the-job training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics pertaining to use and measurement of radioactivity			
Radiation Biology			
Radiopharmaceutical Chemistry			

**5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes or Equivalent Experience)**

Isotope	mCi used at one time	Location	Clock hours	Use

**6. PREVIOUS/CURRENT LICENSE AFFILIATIONS**

Licensing Agency	License Number and Date Issued
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