

**THE UNIVERSITY OF CHICAGO
PRINCIPAL INVESTIGATOR'S STATEMENT OF TRAINING AND
EXPERIENCE**

ORS Form A4 (1/08)

Name:	Last	First	Middle	Title	Protocol Number (ORS only)
--------------	------	-------	--------	-------	-----------------------------------

EDUCATION

College or University	Degree	Major Field of Study

RADIATION SAFETY TRAINING

TRAINING	WHERE TRAINED	DURATION	ON-THE-JOB		FORMAL COURSE	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Principles and practices of radiation protection			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive measurements: Standardization, monitoring techniques, and instruments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics basic to the use and measurement of radioactivity			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological effects of radiation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE WITH THE USE OF RADIOACTIVE MATERIALS

RADIONUCLIDES	WHERE USED	DURATION (# OF YEARS)	MAX. ACTIVITY HANDLED

I certify that the above information is correct.

Signature:	Date Signed:
-------------------	---------------------