

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

ORS Form A4 (1/08)

<b>Name:</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Title</b>	<b>Protocol Number (ORS only)</b>
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**EDUCATION**

College or University	Degree	Major Field of Study

**RADIATION SAFETY TRAINING**

TRAINING	WHERE TRAINED	DURATION	ON-THE-JOB		FORMAL COURSE	
			YES	NO	YES	NO
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.

<b>Signature:</b>	<b>Date Signed:</b>
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