



ATTACHMENT F: Radiation Use & Safety Training

Oregon Health Authority | Radiation Protection Services

Complete this application to request approval to offer your training course in Oregon, in compliance with OAR 333-106-0055. Complete all items in this application. Missing information will delay the application process. Keep a copy of the completed application for your records.

New License Renewal of License #: _____ Update Information on existing License #: _____

Business Name: _____

Radiation Use & Safety Training Information

Please select the type of training you want to offer in Oregon:

Veterinary Medical Dental CBCT Industrial

Other: _____

Select the format(s) of your training course: Online On Site Correspondence

Do you offer any type of continuing education credits for completing the course? Yes No

Is the training intended for your employees only? Yes No

Will the training be offered to people outside of your organization? Yes No

Include the following items with this application.

A copy of the course materials, or access to the course materials online

A copy of the course exam

A copy of the course completion certificate

Instructor Information

Attach a current resume or CV for each of the individuals listed below. If you need more than 3 instructors to be approved attach additional sheets. **If approved only the individuals listed below will be allowed to provide training in Oregon.**

Name & Title: _____

Phone #: _____ Email: _____

Licensed by: _____ License #: _____ License Expiration Date: _____

Name & Title: _____

Phone #: _____ Email: _____

Licensed by: _____ License #: _____ License Expiration Date: _____

Name & Title: _____

Phone #: _____ Email: _____

Licensed by: _____ License #: _____ License Expiration Date: _____