

APPLICATION FOR TRAINING COURSE/WORKSHOP  
(Please Type)

Date: \_\_\_\_\_

A. To be completed by Applicant

1. Title of Course/Workshop: \_\_\_\_\_ Dates: \_\_\_\_\_

2. Name of Applicant: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone No.: \_\_\_\_\_

Business FAX Telephone No.: \_\_\_\_\_

4. Applicant's Current Title: \_\_\_\_\_

Description of current duties: \_\_\_\_\_

\_\_\_\_\_

5. List any previous training in health physics.

\_\_\_\_\_

\_\_\_\_\_

B. To be completed by the State Radiation Control Program Director

1. Please provide a brief statement indicating why you want this individual to attend this course.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does attendance at this course require the approval of another agency or management official? If so, please have the official also sign the application.

ENCLOSURE 2

3. By submitting this application, you are confirming that State funds are available for travel and per diem expenses.
4. For Courses/Workshops that have a tuition charge, the State agrees to pay tuition:

\_\_\_\_\_ **Yes**, in the amount of \_\_\_\_\_ . Please send invoice or bill to (If different from Program Director): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **No**, the student will attend on a space available basis.

\_\_\_\_\_  
Signature of Radiation Control  
Program Director

The completed application should be sent to:

[OSP course coordinator]  
Mail Stop O-3H20  
Office of State Programs  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555

or FAXED to Office of State Programs: 301-415-3502  
or E-mail to [OSP course coordinator]