NRC SPONSORED TRAINING FOR AGREEMENT STATE STAFF
APPLICATION FOR TRAINING COURSE/WORKSHOP

Please complete and return to: AStrainingandtravel.Resource@nrc.gov.

If you have any questions or comments about this form, please contact Marcia Casby at 301-415-6525

SECTION I
TO BE COMPLETED BY APPLICANT

Name: Click here to enter text.  STATE: Click here to enter text.
E-Mail Address: Click here to enter text.  U.S. Citizen: Yes ☐ No ☐
Business Phone: Click here to enter text.
Name of Organization/State: Click here to enter text.
Street: Click here to enter text.
City: Click here to enter text.  State: Click here to enter text.  Zip: Click here to enter text.

COURSE/WORKSHOP INFORMATION

Title of Course/Workshop: Click here to enter text.
Course Number: Click here to enter text.
Location (City/State): Click here to enter text.
Start Date: Click here to enter a date.  End Date: Click here to enter a date.

QUALIFICATIONS

Title: Click here to enter text.
Description of current duties: Click here to enter text.

Check Prior NRC Training:
H-120 ☐  H-121 ☐  H-122 ☐  H-123 ☐  H-201 ☐  H-304 ☐  H-305 ☐
H-308 ☐  H-312 ☐  H-313 ☐  H-314 ☐  H-315 ☐  H-410 ☐  H-411 ☐
H-413 ☐  H-500 ☐  S-201 ☐

SECTION II
TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR

Please provide a brief statement indicating why you want this individual to attend this course: Click here to enter text.

Please indicate the purpose of training:
Initial Qualification* ☐  Cross-Training: ☐  Refresher Training: ☐  Other: Click here to enter text.

If submitting more than one application, indicate priority level:
Priority: ☐ of: ☐ (# of Apps.)

* Check “Initial Qualification” only if training is required to initially qualify the student as Inspector/License Reviewer as part of their current duties.

Radiation Control Program Director: Click here to enter text.  Date: Click here to enter a date.
Phone #: Click here to enter text.

SIGNATURE: