



**THIS PAGE FOR RSO USE ONLY!**

Date Received:	Date Reviewed:	Reviewed by:
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<input type="checkbox"/> <b>Previously Authorized</b> → <input type="checkbox"/> Within last 2 years <sup>3</sup> → <input type="checkbox"/> More than 2 years <sup>4</sup>	<input type="checkbox"/> <b>Course Not Required</b> → <input type="checkbox"/> Previously taken course	<input type="checkbox"/> <b>Temporary</b> <sup>4</sup>	<input type="checkbox"/> <b>Course Required</b> → <input type="checkbox"/> No previous course → <input type="checkbox"/> <1 years' experience
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**Radiation Safety Course**

Reminders: 1. Sent notification on _____ Date	Attendance Date:
2. Sent notification on _____ Date	Test Score:
3. Sent notification on _____ and notified PH. Date	

**Housekeeping**

Approval Date:	<input type="checkbox"/> E-mail sent to Applicant <input type="checkbox"/> E-mail sent to PH with updated copy of permit	Removal Date:	<input type="checkbox"/> A-13 Received <input type="checkbox"/> Did not attend Course
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<sup>3</sup>Course not required

<sup>4</sup>Course required