

APPLICATION FOR NRC-SPONSORED TRAINING FOR AGREEMENT STATE STAFF

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

If you have any questions or comments about this form, please contact Karen Meyer @ (301) 415-0113

SECTION I TO BE COMPLETED BY APPLICANT	
Name:	STATE:
E-Mail Address:	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Phone/Ext:	
COURSE/WORKSHOP INFORMATION	
Title of Course/Workshop:	
Course Number:	
Start Date:	End Date:
QUALIFICATIONS	
Currently qualified as a RAM Inspector: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Currently qualified as a RAM License Reviewer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Student is being qualified as a: RAM Inspector <input type="checkbox"/> and/or RAM License Reviewer <input type="checkbox"/>	
Please specify: Medical <input type="checkbox"/> Industrial <input type="checkbox"/> Incident Response for Materials Events <input type="checkbox"/> Academic <input type="checkbox"/> Decommissioning <input type="checkbox"/> Other: _____	
Core Courses (Check Prior Training): G-108 <input type="checkbox"/> G-109 <input type="checkbox"/> G-205 <input type="checkbox"/> H-111 <input type="checkbox"/> H-119 <input type="checkbox"/> H-122L <input type="checkbox"/> H-123 <input type="checkbox"/> H-130L <input type="checkbox"/> H-201 <input type="checkbox"/> H-304 <input type="checkbox"/> H-305 <input type="checkbox"/> H-308 <input type="checkbox"/> H-313 <input type="checkbox"/> S-201 <input type="checkbox"/>	Non-Core Courses (Check Prior Training): ACLW* <input type="checkbox"/> F-104* <input type="checkbox"/> G-116* <input type="checkbox"/> H-111 <input type="checkbox"/> H-115 <input type="checkbox"/> H-119 <input type="checkbox"/> H-120 <input type="checkbox"/> H-121 <input type="checkbox"/> H-312 <input type="checkbox"/> H-314* <input type="checkbox"/> H-315* <input type="checkbox"/> H-408 <input type="checkbox"/> H-410 <input type="checkbox"/> H-411 <input type="checkbox"/> H-412 <input type="checkbox"/> H-413* <input type="checkbox"/> H-500 <input type="checkbox"/> *CONSIDERED CORE FOR CERTAIN STATES
On-Line Courses: H-115S <input type="checkbox"/> H-117S <input type="checkbox"/> H-120S <input type="checkbox"/> H-121S <input type="checkbox"/> H-122S <input type="checkbox"/> H-301S <input type="checkbox"/> H-308S <input type="checkbox"/> H-312S <input type="checkbox"/> H-317S <input type="checkbox"/>	
SECTION II TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR	
Check if applicable:	
1. The State is on heightened oversight or monitoring based on last IMPEP review: <input type="checkbox"/>	
2. The State currently does not have inspection or licensing expertise to maintain current IMPEP performance levels as demonstrated by one or more recent vacancies: <input type="checkbox"/>	
Please indicate the purpose of training:	
Initial Qualification/Core Course: <input type="checkbox"/> (REQUIRED TO QUALIFY THE STUDENT AS A RAM INSPECTOR AND/OR RAM LICENSE REVIEWER)	If submitting more than one application for this course, indicate priority level: Priority: <input type="checkbox"/> of <input type="checkbox"/> (# of Apps.)
Non-Core Course: <input type="checkbox"/> (NOT REQUIRED FOR INITIAL QUALIFICATION. PRIORITY WILL GENERALLY BE GIVEN TO STUDENTS WHO HAVE COMPLETED A MAJORITY OF CORE COURSES)	
By submitting this application, you acknowledge that the student is currently being trained to be a qualified RAM Inspector and/or RAM Licensing Reviewer.	
Radiation Control Program Director:	
Phone #:	
SIGNATURE:	