

## APPLICATION FOR NRC-SPONSORED TRAINING FOR MML PERSONNEL

Please complete and return to: [ASTrainingandtravel.Resource@nrc.gov](mailto:ASTrainingandtravel.Resource@nrc.gov).

If you have any questions or comments about this form, please contact Karen Meyer at 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:	
Name of Organization:	
COURSE/WORKSHOP INFORMATION	
Title of Course/Workshop:	
Course Number:	
Location (City & State):	
Start Date:	End Date:
QUALIFICATIONS	
Title:	
Description of current duties:	
Check Prior NRC Training:	
G-108 <input type="checkbox"/> G-109 <input type="checkbox"/> G-205 <input type="checkbox"/> H-111 <input type="checkbox"/> H-115 <input type="checkbox"/> H-117 <input type="checkbox"/> H-119 <input type="checkbox"/> H-120 <input type="checkbox"/> H-121 <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-312 <input type="checkbox"/> H-313 <input type="checkbox"/> H-314 <input type="checkbox"/> H-315 <input type="checkbox"/> H-410 <input type="checkbox"/> H-411 <input type="checkbox"/> H-413 <input type="checkbox"/> H-500 <input type="checkbox"/> S-201 <input type="checkbox"/>	
Check Prior NRC On-line Training:	
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-130S <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 MML PROGRAM DIRECTOR	
Please provide a brief statement indicating why you want this individual to attend this course:	
Please indicate the purpose of training:	
Initial Qualification*: <input type="checkbox"/>	If submitting more than one application for this course, indicate priority level: Priority: <input type="checkbox"/> of <input type="checkbox"/> (# of Apps.)
Cross-Training: <input type="checkbox"/>	
Refresher Training: <input type="checkbox"/>	
Other: <input type="checkbox"/>	
<b>*Check "Initial Qualification" <i>only</i> if training is required to initially qualify the student as Inspector/License Reviewer as part of their current duties.</b>	
MML Control Program Director:	
Phone #:	
SIGNATURE:	