

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

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 Marcia Casby at 301-415-6525

<b>SECTION I TO BE COMPLETED BY APPLICANT</b>		
Name: <a href="#">Click here to enter text.</a>	STATE: <a href="#">Click here to enter text.</a>	
E-Mail Address: <a href="#">Click here to enter text.</a>	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Phone: <a href="#">Click here to enter text.</a>		
Name of Organization/State: <a href="#">Click here to enter text.</a>		
Street: <a href="#">Click here to enter text.</a>		
City: <a href="#">Click here to enter text.</a>	State: <a href="#">Click here to enter text.</a>	Zip: <a href="#">Click here to enter text.</a>
<b>COURSE/WORKSHOP INFORMATION</b>		
Title of Course/Workshop: <a href="#">Click here to enter text.</a>		
Course Number: <a href="#">Click here to enter text.</a>		
Location (City/State): <a href="#">Click here to enter text.</a>		
Start Date: <a href="#">Click here to enter a date.</a>	End Date: <a href="#">Click here to enter a date.</a>	
<b>QUALIFICATIONS</b>		
Title: <a href="#">Click here to enter text.</a>		
Description of current duties: <a href="#">Click here to enter text.</a>		
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-122 <input type="checkbox"/>	H-123 <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"/>
<b>SECTION II TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR</b>		
Please provide a brief statement indicating why you want this individual to attend this course: <a href="#">Click here to enter text.</a>		
Please indicate the purpose of training:		If submitting more than one application, indicate priority level: Priority: <input type="checkbox"/> of: <input type="checkbox"/> (# of Apps.)
Initial Qualification* <input type="checkbox"/>		
Cross-Training: <input type="checkbox"/>		
Refresher Training: <input type="checkbox"/>		
Other: <input type="checkbox"/> <a href="#">Click here to enter text.</a>		
* Check "Initial Qualification" <u>only</u> if training is required to initially qualify the student as Inspector/License Reviewer as part of their current duties.		
Radiation Control Program Director: <a href="#">Click here to enter text.</a>	Date: <a href="#">Click here to enter a date.</a>	
Phone #: <a href="#">Click here to enter text.</a>		
SIGNATURE:		