



STATE OF MAINE

Radiation Control Program

RADIOGRAPHER QUALIFICATION

INSTRUCTIONS: This form complies with the license requirements of Part E of the State of Maine Rules Relating to Radiation Protection (SMRRRP). Complete all sections. **Incomplete or incorrect forms will be returned.** Mail the completed form to: **Radiation Control Program, 11 State House Station, Augusta, Maine, 04333-0011.** Telephone: (207) 287-5676; Facsimile (207) 287-3059; www.maineradiationcontrol.org.

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, age, or national origin, in admission to, access to or operations of its programs, services, or activities or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Acts of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the DHHS' ADA Compliance/EEO Coordinator, State House Station #11, Augusta, Maine 04333, 207-287-4289 (V) or 207-287 3488 (V), TTY: 800-606-0215. Individuals who need auxiliary aids for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats, upon request.

1. THIS IS AN APPLICATION FOR

Radioactive Materials	X-Ray	Both: X-ray/RAM
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I: PERSONAL DATA

Full Name: _____
Last
First
Middle

Date of Birth: _____ **Social Security/ID Number:** _____
(MM/DD/YY)

II: ON-THE-JOB TRAINING (OJT)

Use Form HHE-854 to document at least 2 months (40 working days) for radioactive materials as per E.16.B(1).

III: ADDITIONAL QUALIFICATION REQUIREMENTS:

If currently working for a radiography company, you must complete this section, and the RSO must sign this form.

Company Name: _____ Company License No: _____

Co. Mailing Address: _____
Street
City
State
Zip

Successfully completed a 40-hour course on: _____ location: _____
(MM/DD/YY)

Completed written or oral exam given by licensee/registrant as per E.16.D on: _____
(MM/DD/YY)

Demonstrated competence using this company's sources of radiation on (as per E.16.D): _____
(MM/DD/YY)

IV: CERTIFICATION:

I certify that the above information is correct to the best of my knowledge.

 Signature of Radiographer Applicant

 Signature of RSO

 Date

 Printed or Typed Name of RSO