

RADIOGRAPHER QUALIFICATION

INSTRUCTIONS: Complete all sections if the radiographer was hired as an assistant and became qualified while in your employ per Oklahoma Administrative Code (OAC 252:410-5). **SUBMIT THE ORIGINAL FORM TO THE ABOVE ADDRESS.** Provide a copy to the radiographer and retain a copy for your records.

PLEASE TYPE OR PRINT LEGIBLY

I. PERSONAL DATA

Full Name _____
Last First Middle
Date of Birth _____ Social Security No. _____
(MM/DD/YY)
Company Name _____ Co. License No. _____
Company Mailing Address _____
Street City State Zip

II. AGENCY AUTHORIZED TRAINING

Completed _____ classroom hours of training on the topics outlined in OAC 252:410-5 on _____
(MM/DD/YY)

This instruction was provided by _____
(Company Name)

as authorized under License No. _____.

III. ON-THE-JOB TRAINING

PLEASE USE FORM 410-5-3 TO DOCUMENT AT LEAST 200 HOURS FOR RADIOACTIVE MATERIALS AND 120 HOURS FOR X-RAY MACHINES, IF APPLICABLE

- A. Demonstrated competence to use this company's radiographic equipment on _____.
(MM/DD/YY)
- B. Successfully completed written or oral exam given by licensee covering topics in OAC 252:410-10-34(4)(C) [10 CFR 34.43(b)(2)], i.e. license and O & E procedures, on _____.
(MM/DD/YY)
- C. Participated in radiographic activities as a radiographer assistant from _____ to _____
(MM/DD/YY) (MM/DD/YY)
under the direct supervision of a qualified radiographer while using:
☐ ☐ Radioactive material ☐ ☐ Both Radioactive Material and X-Ray machines

IV. CERTIFICATION

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Radiographer Candidate

Signature of Radiation Safety Officer

Date

Printed or typed name of RSO