

**Cleveland State University
Radiation Safety Office
2121 Euclid Avenue, PS 210, Cleveland, Ohio 44115
(216) 687-9306 Fax (216) 687-9346**

Application for Authorized Use of Radioactive Materials (RAM)

Applicant Information

Name _____
Department _____
Division _____
Position _____
CSU Office Location _____
Phone Extension _____

Highest degree: _____ B.S. _____ M.S. _____ Ph.D. _____ M.D. _____ Other

If previously authorized for RAM uses on an NRC or State license, provide name and location of the institution: _____

Specific Education, Training and Experience with RAM

Coursework: Title	Location:	Date(s)	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience: Radionuclide	Activity	InVivo/Vitro	Locations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours of training experience _____