



ATTACHMENT B: Training

Oregon Health Authority | Radiation Protection Services

Complete this application to request approval to offer your training to operators. Operators are defined as: any individual who, adjusts technique factors, activates the exposure switch or button of X-ray machine or physically positions patients or animals. Human holders, used solely for immobilization purposes (i.e. veterinarian human holders) are exempt from this rule. Radiation Use & Safety training must be in compliance with OAR 333-106-0055. Complete all items in this application. Missing information will delay the application process. Keep a copy of the completed application for your records.

☐ New License ☐ Renewal of License #: _____ ☐ Update Information on existing License #: _____

Business Name: _____

Training Information

Please select the type of training you want to offer in Oregon:

☐ Dental ☐ Fluoroscopic ☐ Industrial ☐ Medical ☐ Veterinary

Select the format(s) of your training course: ☐ Online ☐ On Site ☐ Correspondence

Do you offer any type of continuing education credits for completing the course? ☐ Yes ☐ No

Is the training intended for your employees only? ☐ Yes ☐ No

Include the following items with this application and each time you renew.

- ☐ A copy of the course materials, or access to the course materials online
- ☐ A copy of the course exam
- ☐ A copy of the course completion certificate

Instructor Information

Attach a current resume or CV for each of the individuals listed below. If you need more than 2 instructors to be approved attach additional sheets. **If approved only the individuals listed below will be allowed to provide training in Oregon.**

Name & Title: _____

Phone #: _____ Email: _____

Licensed by: _____ License #: _____ License Expiration Date: _____

Name & Title: _____

Phone #: _____ Email: _____

Licensed by: _____ License #: _____ License Expiration Date: _____

Agency Use Only

Reviewer: _____ Review Date: _____ ☐ Approved ☐ Denied

Comments: _____
