



ATTACHMENT D: Qualified Expert

Oregon Health Authority | Radiation Protection Services

Complete this attachment to request approval to be a qualified expert in Oregon. If approved you will be allowed to provide the services you selected on **Attachment C**. Fill out a separate attachment for each qualified expert you are requesting approval for. 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: _____

Qualified Expert Information

Name & Title: _____

Phone #: _____ Email: _____

☐ I am requesting approval for specific activities. I have attached a copy of my resume/cv & proof of training.

Rad Use & Safety Completed: ☐ Yes ☐ No Provided by: _____

Specific activities include (attach additional sheets as necessary, make sure they are clearly labeled) :

Dosimetry

Company Name: _____

Survey Equipment *(Attach additional sheets as necessary, make sure they are clearly labeled.)*

You must have equipment appropriate to the services you are requesting to offer in Attachment C.

Equipment Used: _____ Calibration Frequency: _____

Last Calibration Date: _____ Completed by: _____

Equipment Used: _____ Calibration Frequency: _____

Last Calibration Date: _____ Completed by: _____

Equipment Used: _____ Calibration Frequency: _____

Last Calibration Date: _____ Completed by: _____

Reminder: You will need to complete **Attachment C: Installation & Service Vendor**

Agency Use Only

Reviewer: _____ Review Date: _____ ☐ Approved ☐ Denied

Comments: _____
