ATTACHMENT E: Qualified Expert

Oregon Health Authority | Radiation Protection Services

Print

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: _____

Must be certified by one of the following:

☐ American Board of Radiology ☐ American Board of Medical Physics

☐ American Board of Health Physics ☐ American Board of Nuclear Medicine Science

Or have one of the following: ☐ Master's degree ☐ PhD

in one of the following: ☐ Physics ☐ Biophysics ☐ Radiological Physics ☐ Health Physics ☐ Medical Physics

and ☐ 1 year of documented, full time training in the appropriate field **and**

☐ 1 year of documented, full time work experience under the supervision of a qualified expert in appropriate field.

Documentation for both of the above is clearly labeled and attached.

Or

☐ I would like to request approval for specific activities. I have attached a copy of my resume/cv.

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**