

Medical radiation technical engineer / technician

Application for operation license

I. Basic information:

Name
 Date of Birth
 Address of household
 registration

Gender
 ID number

Place of Birth
 Business License No

Attach photo

II. Basic academic qualifications

School	Department	Address	Period of schooling	Title of Credential	Name of president
			From ___ month ___ year to ___ month ___ year		
			From ___ month ___ year to ___ month ___ year		
			From ___ month ___ year to ___ month ___ year		

III. Radiation protection training

Name of training authority	Type of training	Date of start and end	Important curriculums	Number of hours	Title of credential	Person in charge
		From ___ month ___ year to ___ month ___ year				
		From ___ month ___ year to ___ month ___ year				
		From ___ month ___ year to ___ month ___ year				

IV. work experience of radiation work

Work unit	Title	Work nature and responsibilities	Date of start and end	Title of credential	Name of executive
			From ___ month ___ year to ___ month ___ year		
			From ___ month ___ year to ___ month ___ year		
			From ___ month ___ year to ___ month ___ year		

V. Current unit of service

Work unit _____ address _____ title _____ work nature _____

VI. Intended unit of service

Work unit _____ address _____ title _____ work nature _____

VII. Society in which you participate

Title of society _____ address _____

Date of admission _____ day _____ month _____ year

Membership number _____ name of president _____

VIII. type of license in application (delete any that is not applied)

a. operation license of radiology diagnosis equipment

b. operation license of radiology treatment equipment

c. operation license for use of radioisotope

The applicant guarantees that the content of this application is authentic, and should there be any falsehood found, the applicant is willing to accept the related punishment of the laws.

Applicant _____ Signature _____

Correspondence address _____

Date of application _____

IX. Screening operation (filled in by the screening authority)

X. License number and effective date (filled in by the issuing unit)

a. License number _____ Date of validity for operation license of radiology diagnosis treatment equipment from _____ month _____ year through _____ month _____ year

- b. License number_____ Date of validity for operation license of radiology treatment equipment from ____month ____ year through ____month ____ year
- c. License number_____ Date of validity for operation license of use of radioisotope from ____month ____ year through ____month ____ year