

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

IX. Scope of work

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 _____

Address of application _____

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