

*You must download the PDF to your computer before you complete and hit submit

Auburn University

Principal Investigator's Statement of Training and Experience

Principal Investigator *	Date of Birth	AU Banner ID	AU Mailing Address	
Department	Title		Email (AU User Name)	AU Telephone
Have you ever been a radiation worker at Auburn University? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?		

Education

College or University	Degree	Major Field of Study

Experience

Briefly describe experience in the use of radioactive materials (specify radionuclides and activities) or radiation-producing machines.

Organization	Title	Dates (From/To)
Duties and Responsibilities		
Organization	Title	Dates (From/To)
Duties and Responsibilities		
Organization	Title	Dates (From/To)
Duties and Responsibilities		

Signature	Date
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