



National Registry of Radiation
Protection Technologists

Candidate Subscriber Application

Instructions: Type or print in black ink

Name: _____ Age: _____
(Last) (First) (Initial) (Yrs)

Complete both addresses and indicate mailing preference by checking box

Employer:

Address:

City:

State:

Zip:

Telephone Number:

Residence Address:

Address:

City:

State:

Zip:

Telephone Number:

Are you currently engaged in radiation protection? Yes No

Number of years of radiation protection experience: Yrs

What year do you plan to take the NRRPT examination?

EDUCATION OR PROFESSIONAL DEVELOPMENT

University or Technical School and Major

Dates
Attended

Degree
Received

- 1.
- 2.
- 3.

Date

Applicant's Signature

Send subscription fee of \$10.00 to:



NRRPT
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