

(Rev. 6/11)



National Registry of Radiation Protection Technologists

P.O. Box 3084
Westerly, RI 02891
(401) 637-4811 (ofc)
(401) 637-4822 (fax)

Office Use Only

Pd by: _____
Ck#: _____
Amt: _____
ID#: _____

Application for Registration

Instructions: Type or print neatly

Date: ____ / ____ / ____ SSN: XXX - XX - _____

Month/Year you intend to take exam: February August 201____

Check One: _____ Initial Application \$250 _____ Exam Retake \$125

For Credit Card Payment:
Visa or MasterCard Only

Acct #: _____
Exp Date: _____
Name: _____
Signature: _____

Name: _____ Date of Birth: ____ / ____ / ____
(Last, First, Middle Initial)

Mailing Address:

(City) (State) (Zip)

NOTE: The *NRRPT* may need to contact you during the review of your application. Please provide a phone number and email address at which you can be reached, if necessary, during the next 60 to 90 days.

Home, Business or Cell Phone: (____) _____ - _____ Email: _____

Primary Experience (Select one): Nuclear Power Military DOE Hospital D&D Other: _____

Definition of a Radiation Protection Technologist (R.P.T.)

A Radiation Protection Technologist is a person engaged in providing radiation protection to the radiation worker, the general public, and the environment from the effects of ionizing radiation.

The Radiation Protection Technologist has a basic understanding of the natural laws of ionizing radiation, the mechanisms of radiation damage, methods of detection, and hazards assessment. The Radiation Protection Technologists' tasks are accomplished by providing supervisory, administrative, and/or physical controls, utilizing sound health physics principles in compliance with local and statutory requirements and accepted industry practices.

The Radiation Protection Technologist mitigates hazards associated with radioactive materials and ionizing radiation producing devices, always adhering to the "as low as reasonably achievable" philosophy.

Employment History

The applicant must have a minimum of 5 years of experience in direct Health Physics work. Applicable education and training may be substituted for up to 2 years of work experience as determined by the application reviewer in accordance with the Experience Credit Guide.

List all applicable work experience beginning with your current or most recent employer. Since your employment history is a critical element of determining your eligibility for registration, it is important that the employment history is as complete and as factual as possible. Since it is the responsibility of the application reviewers to determine the experience level of the applicant, applicants are advised to list all applicable work experience, including that experience which may be in excess of the minimum requirement of 5 years. Insuring that the history contains a detailed description of your duties and responsibilities will help the reviewer in accurately assessing your eligibility for Registration and avoid unnecessary delays in processing the application package. Photocopies of page 3 of this application may be used if additional sheets are needed to outline your employment history. If additional copies of page 3 are used, please label each page with an alpha character, such as 3A, 3B, etc., to assist in keeping the package in reverse chronological order for the convenience of the application reviewers.

Substituting a résumé in lieu of completing the Employment History section of the application package is unacceptable; However, a résumé may be attached to the completed application package for additional clarification of your employment history. Failure to fully complete the employment history section may result in delaying the evaluation of your application package.

Are you currently engaged in radiation protection a substantial portion of the time? Yes No
If No, explain:

Begin with current or most recent employer.

Employer & Address	Position Title	Starting Date	Ending Date
		(MM/DD/YY)	(MM/DD/YY)
Employer Phone:	Percent of time in Applied HP: _____%		
Detailed Description of Work :			
Reviewer Tally		Reviewer 1:	Reviewer 2:

Employment History (continued)

Employer & Address	Position Title	Starting Date	Ending Date
		(MM/DD/YY)	(MM/DD/YY)
Employer Phone:	Percent of time in Applied HP: _____ %		
Description of Work:			
Reviewer Tally		Reviewer 1:	Reviewer 2:

Employer & Address	Position Title	Starting Date	Ending Date
		(MM/DD/YY)	(MM/DD/YY)
Employer Phone:	Percent of time in Applied HP: _____ %		
Description of Work:			
Reviewer Tally		Reviewer 1:	Reviewer 2:

Education and Training

List educational and training activities in, or related to, radiation protection. Related areas may include, but are not limited to, biology, chemistry, nuclear medicine, nuclear engineering, physics, industrial hygiene, or environmental technologies. Additional sheets may be used to list these activities as necessary.

Documenting educational and training activities is particularly important in determining the applicant’s eligibility to receive experiential credit for these activities in the event that the applicant has not fully attained five years of experience as an R.P.T. Providing transcripts (student copies are acceptable) of college level credit earned will aid the application reviewer in assessing the applicability and amount of credit that may be substituted for experience. Failure to provide transcripts or other suitable documentation, such as copies of diplomas and/or certificates, will not in itself disqualify the applicant from receiving experience credit; However, the absence of appropriate documentation may delay the completion of the application review process.

Since the minimum mandatory educational requirement for registration is completion of high school or equivalent, all applicants are required to complete the section labeled “High School or Equivalent.”

High School or Equivalent		
Name of High School Attended or Certifying Organization	School Location (City, State)	Year Graduated or Certificate Obtained

Colleges, Universities, and Trade Schools					
Name of Institution	Dates Attended (Year to Year)	Major Area of Study	Hours Earned		Name of Degree Earned
			Quarter	Semester	

Short Courses, Military, Corporate, and Other Training (40 clock hours minimum duration for each course)		
Sponsoring Organization	Dates Attended	Length (Contact Hours)
Course Title and Detailed Course Description:		

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I authorize and grant permission to the National Registry of Radiation Protection Technologists, hereinafter referred to as the "Registry" or "NRRPT," and any other person(s) acting on behalf of the Registry, to conduct or cause to be made such investigations and inquiries as may be required for the sole purpose of determining my eligibility for Registration.

I authorize all schools and administrators, former employers, current employers, governmental and military authorities, NRC and state licensees, and personal references to release any information pertaining to my eligibility for Registration with the NRRPT; and I specifically and knowingly forever release such individuals and organizations, including the NRRPT and any individual acting on behalf of the Registry, from any and all liability to me or others as a result of acquiring or releasing such information.

I may withdraw my consent for this investigatory action at any time upon written request to the Executive Secretary of the Registry. Upon receipt of such notification, all investigation and inquiry will cease as soon as practical. Withdrawal of consent shall be synonymous with retraction of this Application for Registration.

My signature below indicates that I have read, understood, and consented to the above statements and that I have made true, correct, and complete answers and statements on this Application for Registration in the knowledge that it will be relied upon in considering my eligibility for Registration with the NRRPT, and I understand that any omission, false answer, false statement, or otherwise inaccurate information provided by me may affect my eligibility for Registration with the NRRPT now and in the future. Furthermore, a photocopy of this authorization shall be deemed as an original and shall be accepted as such by any person or organization.

Full Name of Applicant (Typed or Printed)

XXX- XX-

Applicant's Social Security Number

Applicant's Signature

Date

Application Checklist:

Application form complete?

Transcripts enclosed (if necessary)?

Payment enclosed?

Confidential Reference Form complete?

Personal Reference Form complete?

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Immediate Supervisor Reference Form

All information provided on this form will be held in strict confidence. If additional space is required, use additional sheets. The completed form should be returned by the Immediate Supervisor to the *NRRPT* at the address shown at the top of this form.

National Registry of Radiation Protection Technologists Program

The Certificate of Registration issued by the Board of Directors certifies that an individual has met certain requirements and has passed a multiple choice examination designed to test competence in fundamental concepts required of a Radiation Protection Technologist. It should be recognized that the Certificate of Registration is not a license and therefore does not confer a legal qualification to practice Health Physics.

Several requirements must be met before the applicant can be approved to take the registration examination. The candidate must be at least 21 years old and have a high school diploma or equivalent. The applicant must have a minimum of 5 years of experience in, or directly related to, Radiation Protection Technology. Up to 2 years of experience may be granted by the application reviewer for appropriate educational or training activities. Finally, the applicant must be of good moral character.

In order to assist the Board of Directors in accurately assessing the applicant's qualification for Registration, the applicant is required to obtain personal references from their immediate supervisor and at least one other person qualified to evaluate the applicant's professional abilities. Your assistance in providing this reference is appreciated by the Board.

To be completed by applicant:

Applicant's Name: _____ SSN: XXX-XX Phone: _____
(Last, First, MI)

Address: _____

To be completed by the applicant's Immediate Supervisor:

1. Do you feel the applicant has been under your supervision long enough for you to properly evaluate their capabilities and broad-based knowledge of applied radiation protection? Yes _____ No _____

If "No," sign below and return this form to the applicant for their previous supervisor to complete.
If "Yes," proceed to page two.

Printed Name: _____ Title: _____

Signature: _____ Phone: _____

- 2. a. How long has the applicant been under your supervision? _____ year(s)
- b. What portion of the applicant's time is spent in applied radiation protection? _____%
- c. Briefly describe the applicant's work history with your firm. _____

- 3. What are the specific duties and responsibilities of the applicant regarding:
 - a. Practical protection of people? _____

 - b. Supervision? _____

 - c. Other? (specify) _____

4. To what extent are the applicant's recommendations reviewed before they are put into effect?

5. Is the applicant capable of properly responding to and assessing potential major radiation hazard problems independently? Please explain _____

6. a. How, and by whom, are the applicant's decisions used? _____

b. What radiation protection problems must the applicant solve in their job? _____

c. What are the applicant's responsibilities in case of emergencies? _____

7. Do you have any reservations about recommending the applicant for registration? Yes _____ No _____
 (if Yes, please explain) _____

8. Are you an: Active *NRRT* member? Yes _____ No _____ Active *CHP*? Yes _____ No _____

Evaluator's Name: _____ Business Address: _____

Title: _____

Phone: _____

Signature: _____ Date: _____

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Confidential Professional Reference Form

All information provided on this form will be held in strict confidence. If additional space is required, use additional sheets. The completed form should be returned by the person completing the Professional Reference section to the *NRRT* at the address shown at the top of this form. The Professional Reference should be either an active member of the *NRRT* or a Certified Health Physicist.

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In order to assist the Board of Directors in accurately assessing the applicant's qualification for Registration, the applicant is required to obtain personal references from their immediate supervisor and at least one other person qualified to evaluate the applicant's professional abilities. Your assistance in providing this reference is appreciated by the Board.

To be completed by applicant:

Applicant's Name: _____ SSN: XXX-XX- _____ Phone: _____
(Last, First, MI)

Address: _____

To be completed by Professional Reference:

Note: If, for any reason, you feel you cannot accurately assess the applicant in the areas addressed on this form, return the form to the applicant.

1. How long have you known the applicant professionally? _____ year(s)
2. What has been the nature of your association? _____

3. Briefly describe your impression of how well the applicant applies training and operational concepts to practical situations. _____

a. How, and by whom, are the applicant's decisions used? _____

b. What health physics problems must the applicant solve in their job _____

c. What are the applicant's responsibilities in case of emergencies _____

d. What are the applicant's routine daily responsibilities _____

4. What is your evaluation of the manner in which the applicant performs their assigned responsibilities?

5. How well does the applicant perform independently, without supervision? Please explain.

6. What is your estimation of the applicant's:

a. Honesty? _____

b. Occupational ethics? _____

7. Do you have any reservations about recommending the applicant for registration? Yes _____ No _____
(if Yes, please explain) _____

8. Please add any other comments that may be helpful in evaluating the applicant's competence

9. Are you an: Active *NRRPT* member? Yes _____ No _____ Active *CHP*? Yes _____ No _____

Evaluator's Name: _____ Business Address: _____

Title: _____

Phone: _____

Signature: _____ Date: _____

Examination Location Preference Form

Applicant's Name _____

Listed below are the tentative locations for the NRRPT® examination. Please select the location you prefer, and one alternate. Every attempt will be made to assign you to your first choice.

- | | |
|--|--|
| <input type="checkbox"/> Browns Ferry, AL | <input type="checkbox"/> Las Vegas, NV |
| <input type="checkbox"/> Diablo Canyon, CA | <input type="checkbox"/> Indian Point 3, NY |
| <input type="checkbox"/> Livermore, CA | <input type="checkbox"/> Nine Mile Point, NY |
| <input type="checkbox"/> San Clemente, CA | <input type="checkbox"/> Ginna, NY |
| <input type="checkbox"/> Rocky Flats, CO | <input type="checkbox"/> West Valley, NY |
| <input type="checkbox"/> Crystal River, FL | <input type="checkbox"/> Columbus, OH |
| <input type="checkbox"/> Orlando, FL | <input type="checkbox"/> Davis Besse, OH |
| <input type="checkbox"/> St. Lucie, FL | <input type="checkbox"/> Fernald, OH |
| <input type="checkbox"/> Turkey Point, FL | <input type="checkbox"/> Perry, OH |
| <input type="checkbox"/> Idaho Falls, ID | <input type="checkbox"/> Portsmouth, OH |
| <input type="checkbox"/> Byron, IL | <input type="checkbox"/> Limerick, PA |
| <input type="checkbox"/> Clinton, IL | <input type="checkbox"/> Three Mile Island, PA |
| <input type="checkbox"/> Paducah, KY | <input type="checkbox"/> Catawba, SC |
| <input type="checkbox"/> Waterford 3, LA | <input type="checkbox"/> Savannah River, SC |
| <input type="checkbox"/> Boston, MA | <input type="checkbox"/> Seneca, SC |
| <input type="checkbox"/> Maine Yankee, ME | <input type="checkbox"/> Oak Ridge, TN |
| <input type="checkbox"/> Calvert Cliff, MD | <input type="checkbox"/> Amarillo, TX |
| <input type="checkbox"/> DC Cook, MI | <input type="checkbox"/> Comanche Peak, TX |
| <input type="checkbox"/> Monticello, MN | <input type="checkbox"/> S. Texas Project, TX |
| <input type="checkbox"/> Fulton, MO | <input type="checkbox"/> Salt Lake City, UT |
| <input type="checkbox"/> Grand Gulf, MS | <input type="checkbox"/> N. Anna, VA |
| <input type="checkbox"/> Omaha, NE | <input type="checkbox"/> Surry, VA |
| <input type="checkbox"/> Salem, NJ | <input type="checkbox"/> Vermont Yankee, VT |
| <input type="checkbox"/> Los Alamos, NM | <input type="checkbox"/> Richland, WA |
| | <input type="checkbox"/> Other: _____ |

Please Note: If you must change your selection after submission, please contact the Executive Secretary as soon as possible. We will make every attempt to assign you to your preferred location.