

(Rev. 7/13)



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 (circle 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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Course Title and Detailed Course Description:		

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?
- Reference Form complete?

References

As of July 2013, detailed references are no longer required with the submittal of this Application for Registration form. However, to help in the application review process, please provide contact information of two references. The reviewers may contact a reference if they feel additional information is necessary to complete the review of the application.

Immediate Supervisor

Name: _____

Email Address: _____

Contact Number: _____

Personal

Name: _____

Email Address: _____

Contact Number: _____

Reference Information

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.

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.

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