National Registry of Radiation Protection Technologists
P.O. Box 3084, Westerly, RI 02891
NRRPT@NRRPT.org
(401) 637-4811 (ofc)
(401) 637-4822 (fax)

Candidate Subscriber Form

Name: _____ Age: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home or Cell Work

Employer: _____

Address: _____
Street City State Zip

Are you currently engaged in radiation protection? YES / NO

Number of years of radiation protection experience: _____

What year do you plan to take the **NRRPT** exam? _____

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 to: **NRRPT**
P.O. Box 3084
Westerly, RI 02891