



Last Name: [ ] First Name: [ ] Middle Initial: [ ]

Last 4 Numbers of SSN: XXX-XX-[ ] Date of Birth: [ ] Sex: [ ]

Email: [ ] Mail Code: [ ] Phone: [ ]

Location(s): Please check all that apply [ ] Hillcrest [ ] Thornton [ ] Radiation Oncology PET/CT [ ] Sorrento Valley PET Center [ ] Other: [ ]

Training, Certification and/or Education: Please select all that apply

- [ ] American Board of Nuclear Medicine (ABNM)\* Expiration Date: [ ] \* Please complete form RHB-313 A (AU) and mail to Radiation Safety at mail code 0091
[ ] Attending Nuclear Medicine Technology Certificate Program Expected Graduation Date: [ ]
[ ] Certified Nuclear Medicine Technologist (CNMT) Expiration Date: [ ]
[ ] Fellowship End Date: [ ]
[ ] Nuclear Medicine Nurse Expiration Date: [ ]
[ ] None, then provide job title: [ ]

1 - Any individual who checks this box is authorized to approve the use of radiation only after his/her RHB 313A form is approved by the Radiation Safety Committee.

Proposed Radioisotope Use: Please check all Groups that you will be using

- [ ] Group 1 - Diagnostic Studies Involving measurement of uptake, dilution or excretion, but not involving imaging.
[ ] Group 2 - Diagnostic studies involving imaging, including the use of Xenon-127 and/or Xenon-133 gas.
[ ] Group 3 - Reagent kits including Mo/Tc-99m and Rb/Kr-81m generators for preparation of radiopharmaceuticals listed in Group 2.
[ ] Group 4 - Internal therapy and palliative treatment not usually requiring hospitalization.
[ ] Group 5 - Internal therapy and palliative treatment requiring hospitalization for purposes of radiation safety.
[ ] Group 6 - Y-90 SIR -Spheres

Proposed Machine Use:

[ ] CT aspect of PET/CT Scanner License #: [ ] Expiration Date: [ ]

If you checked any of the boxes in the Proposed Radioisotope Use section, please click here: Dosimetry Request Form and fill out the form. Send both the Enrollment Form and Dosimetry Request Form to request a monitoring badge.

Note: Submitting this form is not an authorization to use radioactive materials. Please ensure that your name is listed on the RUA, corresponding to your location of work, before you start your work with radiation.