



Office of Radiation Safety
Statement of Training and Experience Statement
Principal Investigator
ORS Form: Supplement R2 (Rev. 4/2026)

Principle Investigator Information

Name:

Title:

Department:

Phone Number(s):

Mailing Address:

Training and Experience

Have you handled radioactive material at UChicago? Yes ☐ No ☐

If yes, when?

Education

Institution	Degree	Field of Study

Training	Where Trained	Duration	On-the-Job	Formal
Principles and practices of radiation protection			Yes ☐ No ☐	Yes ☐ No ☐
Radioactive measurements: Standardization, monitoring techniques, and instruments			Yes ☐ No ☐	Yes ☐ No ☐
Mathematics basic to the use and measurement of radioactivity			Yes ☐ No ☐	Yes ☐ No ☐
Biological effects of radiation			Yes ☐ No ☐	Yes ☐ No ☐



THE UNIVERSITY OF
CHICAGO

Radioactive Material Use			
Radionuclide	Where Used	Duration	Max. Activity Handled

Please attach your CV and all relevant training certificates you have obtained.

Certify that the above information is correct.

Signature:

Date: