## APPLICATION FOR NRC-SPONSORED TRAINING FOR AGREEMENT STATE STAFF

Please complete and return to: <u>AStrainingandtravel.Resource@nrc.gov</u>.

If you have any questions or comments about this form, please contact Karen Meyer @ (301) 415-0113 **SECTION I** TO BE COMPLETED BY APPLICANT Name: STATE: E-Mail Address: U.S. Citizen: No □ Yes □ Business Phone/Ext: COURSE/WORKSHOP INFORMATION Title of Course/Workshop: Course Number: Start Date: End Date: QUALIFICATIONS Currently qualified as a RAM Inspector: Yes  $\square$  No  $\square$ Currently qualified as a RAM License Reviewer: Yes ☐ No ☐ Student is being qualified as a: RAM Inspector □ and/or RAM License Reviewer □ Please specify: Medical ☐ Industrial ☐ Incident Response for Materials Events ☐ Academic ☐ Decommissioning ☐ Other Core Courses (Check Prior Training): Non-Core Courses (Check Prior Training): G-108 G-109 G-205 H-122L\* G ACLW □ F-104 □ G-116 □ H-314 □ H-130L\* ☐ H-201\* ☐ H-305 ☐ S-201 ☐ H-315 H-408 H-410 H-412 H-412 H-413 □ H-500 □ Self-Study On-Line Courses: H-115S 🗆 H-117S 🗆 H-120S 🗆 H-121S 🗆 H-122S □ H-130S □ H-301S □ H-308S □ H-312S □ H-317S □ \*You must complete the prerequisite(s) course and/or self-study course prior to attending in-person portion (see course descriptions at: https://publish.nrc.gov/readingrm/training/agreement-state-training.html) **SECTION II** TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR Check if applicable: 1. The State is on heightened oversight or monitoring based on last IMPEP review: □ 2. The State currently does not have inspection or licensing expertise to maintain current IMPEP performance levels as demonstrated by one or more recent vacancies:  $\Box$ Initial Qualification/Core Course: □ (REQUIRED TO QUALIFY THE STUDENT AS A RAM INSPECTOR AND/OR RAM LICENSE REVIEWER) If submitting more than one application Cross-Training: □ for this course, indicate priority level: Refresher Training: Priority: \_\_\_\_ of \_ Other: Non-Core Course: □ (NOT REQUIRED FOR INITIAL QUALIFICATION) By submitting this application, you acknowledge that the student is currently being trained to be a qualified RAM Inspector and/or RAM Licensing Reviewer. Radiation Control Program Director: Phone #: SIGNATURE:

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