APPLICATION FOR NRC-SPONSORED TRAINING FOR MML PERSONNEL

Please complete and return to: AStrainingandtravel.Resource@nrc.gov.

If you have any questions or comments about this form, please contact Karen Meyer at 301-415-0113

| SECTION I TO BE COMPLETED BY APPLICANT | |
|--|--|
| Name: STATE: | |
| E-Mail Address: U.S. Citizen: Yes □ No □ | |
| Business Phone/Ext: | |
| Name of Organization: | |
| COURSE/WORKSHOP INFORMATION | |
| Title of Course/Workshop: | |
| Course Number: | |
| Location (City & State): | |
| Start Date: End Date: | |
| QUALIFICATIONS | |
| Title: | |
| Description of current duties: | |
| | |
| Check Prior NRC Training: | |
| G-108□ G-109□ G-116□ G-205□ H-122L*□ H-130L*□ H-201*□ H-305□ H-308□ | |
| H-314□ H-315□ H-408□ H-410□ H-413□ H-500□ S-201□ | |
| *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/reading- | |
| rm/training/agreement-state-training.html) | |
| Check Prior NRC On-line Training: | |
| | |
| H-115S□ H-117S□ H-120S□ H-121S□ H-122S□ H-130S□ H-301S□ H-308S□ H-312S□ | |
| H-317S□ | |
| SECTION II TO BE COMPLETED BY THE MML PROGRAM DIRECTOR | |
| | |
| Please provide a brief statement indicating why you want this individual to attend this course: | |
| | |
| | |
| Please indicate the purpose of training: | |
| Initial Qualification*: | |
| Cross Training: for this course, indicate priority level: | |
| Refresher Training: Priority: of | |
| Refresher framing. | |
| Other: | |
| *Check "Initial Qualification" <u>only</u> if training is required to initially qualify the student as Inspector/License Reviewer as part of their current duties. | |
| MML Control Program Director: Phone #: | |
| SIGNATURE: | |

ML23116A103 Revised: 5/26/2023