

# Auburn University

## Principal Investigator's Statement of Training and Experience

Name	Date of Birth	Social Security Number	
Title	Email (AU User Name)	AU Mailing Address	AU Telephone
Have you ever been a radiation worker at Auburn University? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, when?

### Education

College or University	Degree	Major Field of Study

### Experience

Briefly describe experience in the use of radioactive materials (specify radionuclides and activities) or radiation-producing machines.

Organization	Title	Dates (From/To)
Duties and Responsibilities		
Organization	Title	Dates (From/To)
Duties and Responsibilities		
Organization	Title	Dates (From/To)
Duties and Responsibilities		

Signature	Date
-----------	------