RADIATION PROTECTION REPORT COVER SHEET

Please complete this form and attach it to the report submitted with the Application for Certification.

Applicant’s Name: ____________________________

Author: (Check all applicable, but at least one)

☐ Report authored solely by the applicant.
☐ Applicant originated the first draft.
☐ Applicant solely responsible for major sections. (Mark those sections on the Report.)
☐ Applicant primarily responsible for the research and development behind the report and shared the writing effort.

☐ Describe manner in which this report reflects a “professional effort” by the applicant.

Subject Area of Report:

☐ Facility/Process Evaluation
☐ Protective Guidance Document
☐ Dose Assessment
☐ Retrospective/Prospective Radiation Protection Evaluations (e.g., accident evaluation, emergency planning)
☐ Other area in which ABHP tests and certifies expertise (specify):

Professional Element:

☐ Judgement (describe):

☐ Non-regulatory guidance used (describe):

Signature of all authors (original signature in ink):

________________________________________________________________________

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