

## Application of operation license of medical radiologist

### I. Basic information:

Name	Gender	Place of Birth
Date of Birth	ID number	Business License No
Address of household registration		

Attach photo

### II. Basic academic qualifications

School	Department	Address	Period of schooling	Title of Credential	Name of president
			From ___ month ___ year to ___ month ___ year		
			From ___ month ___ year to ___ month ___ year		
			From ___ month ___ year to ___ month ___ year		

### III. Radiation protection training

Name of training authority	Type of training	Date of start and end	Important curriculums	Number of hours	Title of credential	Person in charge
		From ___ month ___ year to ___ month ___ year				
		From ___ month ___ year to ___ month ___ year				
		From ___ month ___ year to ___ month ___ year				

#### IV. work experience of radiation work

Work unit	Title	Work nature and responsibilities	Date of start and end	Title of credential	Name of executive
			From ____ month ____ year to ____ month ____ year		
			From ____ month ____ year to ____ month ____ year		
			From ____ month ____ year to ____ month ____ year		

#### V. Current unit of service

Work unit \_\_\_\_\_ address \_\_\_\_\_ title \_\_\_\_\_ work nature \_\_\_\_\_

#### VI. Intended unit of service

Work unit \_\_\_\_\_ address \_\_\_\_\_ title \_\_\_\_\_ work nature \_\_\_\_\_

#### VII. Society in which you participate

Title of society \_\_\_\_\_ address \_\_\_\_\_

Date of admission \_\_\_\_ day \_\_\_\_ month \_\_\_\_ year

Membership number \_\_\_\_ name of president \_\_\_\_\_

#### VIII. type of license in application (delete any that is not applied)

a. operation license of radiology diagnosis equipment

b. operation license of radiology treatment equipment

c. operation license for use of radioisotope

The applicant guarantees that the content of this application is authentic, and should there be any falsehood found, the applicant is willing to accept the related punishment of the laws.

Applicant \_\_\_\_\_ Signature \_\_\_\_\_

Correspondence address \_\_\_\_\_

Date of application \_\_\_\_\_

#### IX. Screening operation (filled in by the screening authority)

X. License number and effective date (filled in by the issuing unit)

- a. License number\_\_\_\_\_ Date of validity for operation license of radiology diagnosis treatment equipment from \_\_\_\_month \_\_\_\_ year through \_\_\_\_month \_\_\_\_ year
- b. License number\_\_\_\_\_ Date of validity for operation license of radiology treatment equipment from \_\_\_\_month \_\_\_\_ year through \_\_\_\_month \_\_\_\_ year
- c. License number\_\_\_\_\_ Date of validity for operation license of use of radioisotope from \_\_\_\_month \_\_\_\_ year through \_\_\_\_month \_\_\_\_ year