



Provider's Name: _____

Date: _____

Health Physicists Skills Self -Assessment

RADIATION SAFETY LICENSING

YES NO

- BROAD SCOPE AS RSO.....
- NRC LICENSE AS RSO.....
- AGREEMENT STATE AS RSO.....

CERTIFICATIONS

PART? YEAR

- ABMP OR ABR DIAGNOSTIC..... _____
- ABMP OR ABR NUCLEAR _____
- ABR OR CHP HEALTH PHYSICS..... _____
- ACR ACCREDITATION FOR _____
- MQSA CERTIFICATION

STATE LICENSES: _____

Please Make Selections that Best Describe Your Proficiency Level

(A)Extremely Proficient, Current (B) Proficient, Recent (C) Limited, Previous (D) Theory (E) None

| | A | B | C | D | E |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| HEALTH PHYSICS INDUSTRIES | | | | | |
| MEDICAL FACILITIES..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UNIVERSITIES..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DEFENSE PLANTS..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ENVIRONMENTAL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MILITARY..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GOVERNMENT/REGULATORY..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AREAS OF EXPERIENCE | | | | | |
| DECONTAMINATION & DECOMMISSIONING..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LASERS..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NUCLEAR REACTORS..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NUCLEAR WEAPONS..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NUCLEAR MEDICINE..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RADIOACTIVE MATERIALS..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RADIATION ONCOLOGY | | | | | |
| HIGH ENERGY PARTICLE ACCELERATORS..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIGH DOSE RADIATION SOURCES..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LOW DOSE RADIATION SOURCES..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RADIOLOGY..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RADIONUCLIDES..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RESEARCH LABORATORIES..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RADIATION SAFETY SURVEYS/ DOSIMETRY BADGING..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FACILITY DESIGN..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEACHING/INSTRUCTION/EDUCATION..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This is a self evaluation completed by the Provider as a general skills assessment. Pinnacle Staffing Solutions, Inc is not qualified to certify or guarantee this assessment. It is provided for informational purposes only.