



## APPLICATION / REGISTRATION FORM FOR QUALIFIED EXPERT

**Radiologic Physicist**

**X-Ray Survey Technician**

PERSONAL INFORMATION		EDUCATION
<p>Name:</p> <p>Address:</p>  <p>Telephone:   Work                   Home</p>	<p>High School :</p> <p>College :</p> <p>Advanced Degree:</p>	
WORK EXPERIENCE		
EMPLOYER	Yrs. EMPLOYED	DESCRIPTION OF WORK PERFORMED
EQUIPMENT USED		

**MEASURING:**

**CALIBRATION:**

**SERVICES and/or SURVEYS to be PERFORMED**

**RADIOLOGIC PHYSICIST *if APPLICATION is for SURVEY TECHNICIAN***

Mail to: X-Ray / Mammography Section  
Maine Radiation Control Program  
11 State House Station  
286 Water Street – 3rd Floor  
Augusta, Maine 04333-0011

Please direct any questions or comments to: Tel: 207-287-5676; Fax: 207 287-3059; or email at [radiation.dhhs@maine.gov](mailto:radiation.dhhs@maine.gov)