

Student Name: _____ BC SID: _____

Bellevue College Email: _____

I. Dosimeter Provider (Required)

My Clinical Site will provide my dosimeter (Please skip to section IV.)

Bellevue College will provide my dosimeter (Required for all DOSM students)

II. Student Contact (Required)

By "checking" each statement, you are signaling to us that you understand and accept all statements. It will be your responsibility to understand and fulfill all program requirements.

- I acknowledge that I must return my radiation dosimeter to Bellevue College within 5 business days of the completion of the calendar quarter either in person at T208 or by mail.
- I acknowledge that my course grade will be withheld if my dosimeter is not returned by the above outlined date.
- I acknowledge that I will be responsible for a \$25 fee if I lose or fail to return my dosimeter.
- I acknowledge that I must put "Do not x-ray; radiation monitor inside." on my return envelope if I return my dosimeter by mail.
- I acknowledge that the contact information on this form will be used to mail my radiation dosimeter and I have verified that it is correct.

III. Dosimeter Mailing Address

Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

IV. Previous Radiation Exposure (Required)

Prior Radiation Exposure History: * fields are mandatory (include all prior occupational radiation exposure)				
Institution*	City, State*	Address	Years employed*	Radiation Safety Officer

V. Acceptance (Required)

By "checking" each statement, you are signaling to us that you understand and accept all statements. It will be your responsibility to understand and fulfill all program requirements.

- I acknowledge that I will abide by the radiation safety monitoring requirements outlined in my course syllabus.

Electronic Signature (Required)

Please type your full name to illustrate your formal e-signature and click Submit to send this form to the Radiation & Imaging Sciences program. By signing, you are articulating that all fields completed above are correct and true.

Full name: _____