



MINISTRY OF INDUSTRY, INVESTMENT AND COMMERCE

8 Rekadom Avenue

Building 9, Bureau of Standards, Kingston 10

Tel: 876-632-4289, 876-618-5761 Ext: 3461-68

QUALIFIED EXPERT APPLICATION FORM

NOTE: In compliance with Regulations 24(2) of Nuclear Safety and Radiation Protection Regulations, 2019, *the qualifications of Qualified Experts in radiation safety shall include a level of academic knowledge and of professional experience compatible with the levels of risk associated with the authorized practices and sources within the practice.*

INSTRUCTIONS: Kindly complete form and append Curriculum Vitae, relevant qualifications/certification and a valid Government issued ID.

For further details on requirements of a Qualified Expert, refer to the HSRA Technical Guide: Requirements of Qualified Experts in Radiation Protection and Safety (HSRA-ADM-TD-10).

PART A: APPLICANT DETAILS

Surname: _____

First Name: _____

ID: _____

Position: _____

Telephone: _____

Mobile: _____

Email: _____

Signature: _____

Date: _____

PART B: EMPLOYMENT DETAILS

Company Name: _____

Address: _____

Telephone: _____

Mobile: _____

Email: _____

PART C: PROFICIENCY DETAILS

Check all areas for which applicant seeks approval for registration as Qualified Expert

Check box	Qualified Expert Area	Duration of work experience	Capacity <i>Eg. Service Provider: _ Trainer/Instructor: _ Operator of Sources</i>
	Diagnostic Radiology		
	Radiotherapy		
	Nuclear Medicine		
	Dentistry		
	Veterinary Radiography		
	Non-Destructive Testing		
	Fixed Gauges and Fixed Screening Devices		
	Mobile Gauges and Mobile Screening Devices		
	Research with Un-Sealed Sources		
	Research with X-Ray Equipment and Sealed Sources		

Check box	Qualified Expert Area	Duration of work experience	Capacity Eg. Service Provider: _ Trainer/Instructor: _ Operator of Sources
<input type="checkbox"/>	Nuclear Reactor		
<input type="checkbox"/>	Other Application		

DECLARATION

I (*Name of applicant*) certify that all the information given herein and any supplemental pages appended to this application, are true and correct to the best of my knowledge.

Signature: _____

Date: _____

The completed application form should be submitted together with supporting documents to:
**Director, Authorization & Training, Hazardous Substances Regulatory Authority, 8 Rekadom Avenue,
 Kingston 10, Jamaica W.I.**

Note: The HSRA will process your data in accordance with the principles of the Nuclear Safety and Radiation Protection Act, 2015. We will not release any information held about you to third parties except where necessary for the fulfilment of this application. We may process your address, telephone or email details to contact you in connection with this application. Completion and submission of this application form signifies your consent to the processing of this data. Please contact us if you would wish for us to inform you about the personal data we hold about you if you require such data to be corrected.

Successful candidates will be listed as approved Qualified Experts on the HSRA website.

For Official Use Only			
Registration No:			
	By	Date	Signature
Received			
Evaluated			
General Remarks and or comments			