

Appendix A-2

Documentation of Safety Training for Level 2 MR Personnel
Maryland Neuroimaging Center
University of Maryland, College Park

Name: _____

Department: _____

E-mail Address: _____

Phone Number: _____

Office Address: _____

UMD Position (circle): Faculty Post Doc Grad Student Staff Other: _____

Non-UMD Position (please describe): _____

Name of MNC Principal Investigator with whom your MRI research is associated: _____

Name of Safety Trainer: _____

Read Version ____ (insert version #) of the MNC Standard Operating Procedures (SOPs)

Viewed MR Safety Video ____

Attended MNC MR safety training lecture and tour ____

Passed Test for Level 2 MR Personnel ____

I agree to comply with the MNC SOPs during the course of my work at the Maryland Neuroimaging Center

Signature: _____ Date: _____

I hereby confirm that this individual has completed the requirements to work as a Level 2 MR personnel at the Maryland Neuroimaging Center. I will provide adequate supervision and any additional training necessary to ensure that all safety procedures are observed during the course of his/her work.

MNC Director Signature: _____ Date: _____