

Appendix A-2

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

Name: _____

UID: _____

Department: _____

E-mail Address: _____

Phone Number: _____

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 successfully completed the requirements for Level 2 MR Certification at the Maryland Neuroimaging Center.

MNC Representative Signature: _____ Date: _____