

FLUOROSCOPY RADIATION SAFETY course
Attendance Form

Submit to:
Radiation Protection, CCMB
E: CCMBMPX-rayCompliance@cancercare.mb.ca

DISCLAIMER: Radiation Protection, CCMB, is not responsible for retaining records for accreditation purposes. We recommend that the requesting department retain a summary of course attendance for a period to suit the accreditation process.

1.	Date:	Submitted:			
		Course Date:			
2.	Facility Name:	Name:			
		Dept:			
	Facility Address:	Street:			
		City Town:		Postal Code:	
3.	Course Coordinator:	Name:			
		Designation:			
		Email:			

4.	Course Participants:			
	Last Name:	First Name:	Designation:	Email Address:

