

FLUOROSCOPY RADIATION SAFETY FOR THE NON-RADIOLOGIST course
Attendance Form

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

