



**Baptist Memorial Health Care
Radiation Safety Training
Allied Health Students (NMT, RAD, RTT only)**

I have read and understand the contents of the Baptist Memorial Health Care *Radiation Safety Training* module. I understand that it is my responsibility to use and/or demonstrate the related expectations. If there are portions which I do not understand, it is my responsibility to request clarification or additional information from the clinical instructor, supervisor, manager, or department director.

Student Signature: _____

Date: _____ School: _____

Submit this signed document to your clinical instructor or to the clinical site, as directed on your first clinical day. Failure to review and submit this document could delay your clinical activities.