



Republic of the Philippines  
Department of Science and Technology

**PHILIPPINE NUCLEAR RESEARCH INSTITUTE**



**PNRI/NRD APPLICATION FORM – 04  
QUALIFIED EXPERT IN RADIATION PROTECTION AND SAFETY**

**INSTRUCTION:** This form is to be completed by any candidate wishing to be formally recognized as a Qualified Expert in Radiation Protection and Safety pursuant to PNRI Administrative Order No. 01 Series of 2023, "Criteria for Approval of Qualified Experts in Radiation Protection and Safety".

Fill out this form completely and append your Curriculum Vitae, copies of diploma/board certification, proof of training and experience in the relevant field, and a valid Government issued ID. Submit one (1) copy of the completed application form, with the proof or payment of applicable application fees, and all required attachments, to the Nuclear Regulatory Division, Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.

I. GENERAL INFORMATION OF THE APPLICANT		(Attach 1x1 ID Picture)
Last Name	First Name, M.I.	
Address	Nationality	
Telephone/Mobile Number	Email Address	

II. EMPLOYMENT DETAILS	
Company Name/Affiliation	Position/Title
Address/Telephone Number	Website/Email Address

III. PROFICIENCY DETAILS	
<b>FIELD OF EXPERTISE</b> <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Industrial Radiography <input type="checkbox"/> Nuclear Power Plant <input type="checkbox"/> Research Reactor <input type="checkbox"/> Particle Accelerator <input type="checkbox"/> Large Irradiator <input type="checkbox"/> Radioactive Waste Management and Disposal <input type="checkbox"/> Research and Development <input type="checkbox"/> Education and Training <input type="checkbox"/> Other Applications (please specify): _____	<b>SPECIFIC AREAS OF EXPERTISE</b> <input type="checkbox"/> Site selection and evaluation <input type="checkbox"/> Shielding calculation, selection, and design of facility <input type="checkbox"/> Radiological environmental impact assessment <input type="checkbox"/> Safety assessment of radiation facility <input type="checkbox"/> Nuclear or radiological emergency management <input type="checkbox"/> Transport safety and security <input type="checkbox"/> Probabilistic/Deterministic Safety Analysis <input type="checkbox"/> Radiation survey/hazard safety assessment of radioactive sources <input type="checkbox"/> Internal and external dosimetry (personnel monitoring) and workplace monitoring <input type="checkbox"/> Design of engineering systems, interlocks, access controls, alarms systems <input type="checkbox"/> Reactor physics <input type="checkbox"/> Environmental monitoring <input type="checkbox"/> Health impact assessment and management of radiation injuries <input type="checkbox"/> Staffing and competency management <input type="checkbox"/> Decommissioning or dismantling of facilities <input type="checkbox"/> Others (please specify): _____ _____ _____
ATTACHMENTS	
<input type="checkbox"/> Curriculum Vitae <input type="checkbox"/> University Diploma/s <input type="checkbox"/> Board Certificate <input type="checkbox"/> Training Certificates <input type="checkbox"/> Valid ID (ID Number): _____ <input type="checkbox"/> Others (please specify): _____	

APPLICATION FEES		
Php	Official Receipt Number	Date

DECLARATION	
<input type="checkbox"/> I hereby declare that all the information provided in this application form is true, complete, and accurate to the best of my knowledge and belief. I understand that any false, misleading, or incomplete information provided by me is considered a legal offense and may result in immediate disqualification of my application as a Qualified Expert. Furthermore, I acknowledge that if my application is disqualified due to the aforementioned reasons, any future applications made by me will be automatically denied. <input type="checkbox"/> I further understand that the PNRI reserves the right to verify the information provided and conduct any necessary background checks to validate my qualifications and credentials. <input type="checkbox"/> If my application is successful, I agree that my contact details and expert services will be made publicly available on the PNRI website.	
Printed Name and Signature	Date

FOR PNRI USE ONLY			
Received by	Status	<input type="checkbox"/> Complete <input type="checkbox"/> Returned	Date
Evaluated by	Status	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Date
Registration Number	Approved by		Date
Date of Registration	Date of Expiration		