**ACTIVITY TRACKER**

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| **Name of RadiationProtection Officer** |   |
| **Registration No.** |  |
| **Expiry Date of Registration** |  |
| **Organization** |  |
| **Start Date** |  | **End Date** |  |

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| **CATEGORY 1: CONTINUING EDUCATION RECORD** |
| **Date** |  |
| **No. of Hours(s)** |  |
| **Course Title** |  |
| **Training Provider Name** |  |
| **Instructor Name**  |  |
| **Instructor Signature** |  | **Training Provider/ Organiser Stamp** |  |

**Note: Each Continuing Education activity must be completed in a separate attachment. Ensure all fields are completed and supporting evidence is submitted.**

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| **Total No. of Hours (Category 1)** |   |

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| **CATEGORY 2: PRACTICAL EXPERIENCE AND SKILLS DEVELOPMENT** |
| **NO.** | **DATE** | **ACTIVITY** | **NO. OF HOUR(S)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

**Note: If more than 10 activities are to be recorded in this category, please attach a separate document. Ensure all fields are completed with accurate dates and the total number of hours.**

|  |  |
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| **Total No. of Hours (Category 2)** |   |

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| **DECLARATION** |
| ☐ I hereby declare that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that any false, misleading, or omitted information may result in the rejection of my application or revocation of my registration status. |
| **Radiation Protection Officer Signature** |  | **Date** |  |

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| **VERIFICATION** |
| [ ]  I hereby verify that, to the best of my knowledge, the information provided above by the Radiation Protection Officer is accurate and reflects their duties and responsibilities as required. |
| **Radiation Licensee Name**  |  | **Signature** |  |
| **Stamp** |  | **Date** |  |