



bic

biomedical imaging center

University of Texas at Austin
Biomedical Imaging Center
Level 2 User Requirement Form

Date: _____
 Last Name: _____
 First Name: _____
 UT EID: _____
 E-mail address: _____
 Advisor/Mentor: _____

The Operations Administrator approves completion of each requirement below. When all applicable requirements have been met, the OA will then certify the user with his/her signature.

Level 1 certification

_____ Date Completed _____ Signature of Operations Administrator

Apprenticeship

Session 1

_____ Date Completed _____ Signature of Session Mentor

Session 2

_____ Date Completed _____ Signature of Session Mentor

Session 3

_____ Date Completed _____ Signature of Session Mentor

Session 4

_____ Date Completed _____ Signature of Session Mentor

Session 5

_____ Date Completed _____ Signature of Session Mentor

Level 2 safety lecture

_____ Date Completed _____ Signature of Operations Administrator

Written exam

_____ Date Completed _____ Signature of Operations Administrator

Practical exam

_____ Date Completed _____ Signature of Session Mentor

This individual has successfully completed the requirements to become certified as a level 2 user in the BIC. I hereby approve his/her certification. This certification is valid as long as the individual maintains his/her level 1 user certification.

_____ Date Completed _____ Signature of Operations Administrator