# TRUSTWORTHY AND RELIABLE VERIFICATION OF INDIVIDUAL

<table>
<thead>
<tr>
<th>Individual’s name (print): __________________</th>
<th>Sponsor (e.g., AU) name (print): __________________</th>
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</table>

1. **Method Used** (check one; attach copy of documentation from verification method)

[ ] Expanded initial security screen

Attach copy of verification of last degree, verification of employment history and collaboration of at least three personal references (RS Form 36A with attachments or UC vendor documentation).

[ ] Previous employee review (employee > three years UC/CCHMC)

Attach three year’s worth of employee reviews and a signed statement of no problems noted.

2. **Sponsor (e.g., AU) Attestation**

I have reviewed the results of the above designated method to determine if the above named person is trustworthy and reliable (T&R).

I believe the results indicate the individual to be trustworthy and reliable (T&R). I recommend the individual be authorized by the Radiation Safety Committee, in accordance with RSC Policy 06-1, to have unescorted access to high-risk radioactive material covered under my supervision by my authorization(s).

________________________/________________

Sponsor (e.g., AU) signature/date

* For the sponsor themselves, the department head or other departmental responsible individual should sign

I believe the results indicate the individual may not be trustworthy or reliable (T&R). The individual will not be allowed unescorted access to high-risk radioactive material covered under my supervision by my authorizations.

________________________/________________

Sponsor (e.g., AU) signature/date

3. **FBI Criminal History Check**

The following was provided on ___________ to individual named above by __________________ (date) RSO/staff member

[ ] NRC issued fingerprint card [receiver’s initials ________/provider’s initials ________]

[ ] Instruction for obtaining fingerprints [receiver’s initials ________/provider’s initials ________]

[ ] Copy Order to fingerprint [receiver’s initials ________/provider’s initials ________]

[ ] Why and report revision procedures [receiver’s initials ________/provider’s initials ________]

[ ] Criminal History Verification + envelope [receiver’s initials ________/provider’s initials ________]

<table>
<thead>
<tr>
<th>Completed card received [ / ]</th>
<th>Card mailed NRC [ / ]</th>
<th>Results received [ / ]</th>
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<tr>
<td>date/initials</td>
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4. **T&R Official’s Concurrence**

The above referenced individual’s trustworthiness and reliability has been reviewed and approved in accordance with RSC Policy 06-1.

________________________/________________

RSO/T&R Official’s signature/date

RS Form 36 (02/11)