



## CERTIFICATE

### for associated members of the CERN personnel occupationally exposed to ionising radiation at CERN

CERN ID (if available) \_\_\_\_\_

Name, First name(s) (as in passport) \_\_\_\_\_

Date of birth (day/month/year) \_\_\_\_\_

Name and address of home institution \_\_\_\_\_  
\_\_\_\_\_

Name and email address of the person  
responsible in matters of radiation  
protection at the home institution \_\_\_\_\_

I, the undersigned, authorized representative in matters of radiation protection of the home institution identified above, hereby certify that the above mentioned associated member of the CERN personnel is employed by or enrolled at our institute and fulfils our requirements to be occupationally exposed to ionising radiation. I, further certify that the home institution complies with all obligations it may have towards him/her in this respect, it being understood that the effective dose he/she may receive at CERN is less than 6 mSv in 12 consecutive months.

If applicable, please indicate a different effective  
dose constraint and the corresponding period: \_\_\_\_\_

I have taken note that CERN is responsible for the operational aspects of radiation protection on its site and that it will provide the specific radiation protection training concerning its installations and procedures applicable at CERN. CERN will perform personal dosimetry for its own purposes<sup>1</sup>.

Expiry date of this certificate<sup>2</sup>: \_\_\_\_\_

Date: ..... Signature: .....

Institute stamp Name of signatory (in block capitals): .....

Function of signatory: .....

<sup>1</sup> On request, CERN can provide dosimetry reports.

<sup>2</sup> The expiry of this certificate will result in the withdrawal of the access authorisations of the associated member of the personnel to CERN radiation areas.