



Certified Exposure Device Operator Continuing Education Log

To maintain the knowledge and skills required to safely operate an exposure device, certified exposure device operators (EDOs) are expected to complete EDO-related continuing education. It is the responsibility of each certified EDO to maintain a log and retain proof of the completion of their EDO-related continuing education activities and to submit their log and proof to the Canadian Nuclear Safety Commission (CNSC) upon request.

Part 1 – EDO information			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First name	Middle name(s)	Last name
			NRCan number
Part 2 – Continuing education log			
Each continuing education activity that you complete must be specific to the field of gamma radiography and the use of an exposure device.			
You are expected to retain proof that you completed each continuing training activity. Proof is considered to be either a certificate of attendance for the activity or a document signed by your current supervisor or by a previous supervisor attesting that you completed the activity.			
The following list provides the acceptable categories of continuing education (CE).			
<p>1. College or university courses: The course(s) must be applicable to gamma radiography or the use of an exposure device and may include distance education courses. Generally, college or university courses run for one semester (4 months) and each course is equal to 36 CE hours. If you are unsure of the hours allowed for a course, calculate one hour of CE for every clock hour you spend attending the course.</p> <p>2. Conferences, seminars, workshops: Calculate the total hours attended, not including lunches or breaks. It is not necessary to break down every individual conference session attended.</p> <p>3. Employee in-services, on-the-job training, safety meetings: Only sessions of 0.25 hours (15 minutes) or greater are eligible. Keep a running list of the sessions attended and ask your supervisor or educator to sign the list of sessions.</p> <p>4. Independent study: You may include reading articles and answering the test questions that appear in professional journals. Ask your supervisor to sign a document attesting that you completed the activity. The CE hours that you can log for this activity equal the number of hours as stated in the journal.</p>			
Log your EDO-related work experience in the table below, indicating the categories of CE defined above. (If you need more space, attach a separate sheet of paper.)			
1	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number
2	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number

EDO's name: _____

Protected A when completed

Part 2 – Continuing education log – continued

3	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number
4	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number
5	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number
6	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number
7	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number
8	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number
9	Category of continuing education (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	Course title/subject matter		Date (YYYY/MM/DD) # hours
	Company name	Location (city and province)	Contact name and telephone number

Part 3 – Attestation

I attest that the information given on this form and in any documents attached is, to the best of my knowledge, correct and complete.

EDO's name _____

EDO's signature _____

Date _____

It is an offence to make a false or misleading statement.

YYYY/MM/DD