



5599 Peachtree Road  
 Atlanta, GA 30341-2309  
 Phone #: 770.457.1944 (1/800.295.4655) FAX: 770.457.2105  
[www.radalink.com](http://www.radalink.com) email: [radalink@radalink.com](mailto:radalink@radalink.com)

## FLORIDA RADON CERTIFICATION TRAINING COURSES

You are invited to participate in radon measurement & mitigation training courses. The courses are approved and required by the state of Florida Department of Health for persons who conduct radon measurements or provide radon mitigation services. In addition, the measurement courses serve as a review for the national NEHA-NRPP radon measurement proficiency exam. (NEHA – National Environmental Health Association)

### RADON MEASUREMENT TECHNICIAN & SPECIALIST & RMP REVIEW

	<b>DAY</b>	<b>DATE</b>		<b>AM</b>	<b>PM</b>
	Tuesday	Day 1	Class hours	8:00	5:00
	Wednesday	Day 2	Class hours	8:00	5:00
	Thursday	Day 3	Class hours	8:00	12:00
			Exam	1:00	PI call 800.543.8279 for Ms. Gail

### RADON MITIGATION SPECIALIST

	<b>DAY</b>	<b>DATE</b>		<b>AM</b>	<b>PM</b>
	Monday	Day 1	Class hours	8:00	6:00
	Tuesday	Day 2	Class hours	8:00	5:00
	Wednesday	Day 3	Class hours	8:00	5:00
	Thursday	Day 4	Class hours	8:00	12:00
			Exam	1:00	PI call 800.543.8279 for Ms. Gail

Early registration is encouraged due to limited seating. All cancellations must be made at least three days prior to the first day of class for full refund. **The Florida certification exams are administered by the Bureau of Community Environmental Health phone number 800.543.8279 please ask for Gail Melvin. You must register with the Florida Bureau of Community Environmental Health in sufficient time to obtain the course manual and other study materials. Call (850) 245-4288 or 800-543-8279 and speak with Ms. Gail P-Melvin.**

**Send registration form with payment to:**

RADALINK, INC. Attn: Training Department  
 5599 Peachtree Road  
 Atlanta, GA 30341-2309  
 PH: 800.295.4655 (FAX: 770.457.2105)

**Tentative Class Venue:**

### **COURSE REGISTRATION FORM (PLEASE PRINT CLEARLY)**

NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 CIRCLE PAYMENT METHOD:  
**CHECK** ○ **VISA** ○ **MASTERCARD** ○ **AMER EX** ○ **DISCOVER** ○  
 CC NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

- MEASUREMENT TECHNICIAN \$375**
- MEASUREMENT SPECIALIST \$375**
- MITIGATION SPECIALIST \$475**