- 1. Which of the following is a location where the use of ionizing radiation may take place?
 - a. Hospital
 - b. Clinic
 - c. Dental practice
 - d. All the above
- 2. Medical uses of ionizing radiation are a ______ exposure situation.
 - a. Existing
 - b. Planned
 - c. Emergency
 - d. Accidental
- 3. Which category of radiation exposure applies to those involved in the performance of radiological procedures?
 - a. Occupational exposure
 - b. Medical exposure
 - c. Public exposure
 - d. Environment exposure
- 4. Which of the following is not a general principle of radiation protection?
 - a. Justification
 - b. Optimization of protection and safety
 - c. Application of dose limits
 - d. Authorization
- 5. In medical exposure only two of the radiation protection principles apply, justification and ______.
 - a. Medical Exposure
 - b. Optimization
 - c. Authorization
 - d. Dose limit
- 6. The optimization of protection and ______is a process for ensuring that the magnitude and likelihood of exposure and the number of individuals exposed are as low as reasonably achievable.
 - a. Standards
 - b. Justification
 - c. Safety
 - d. Optimization
- 7. The ______ exposure should always lead to the required clinical outcome.
 - a. Medical
 - b. Occupational
 - c. Exam
 - d. Test

- 8. What is used in the planning stage in the optimization of protection and safety?
 - a. Dose charts
 - b. Dose constraints
 - c. Certified equipment
 - d. Trained staff
- 9. In X-ray medical imaging, image-guided interventional procedures, and diagnostic nuclear medicine, what is a tool used in the optimization of protection and safety?
 - a. Technique charts
 - b. Dose charts
 - c. Diagnostic reference levels (DRLs)
 - d. Measurement charts
- 10. What applies to occupational exposure and public exposure arising from any use of ionizing radiation?
 - a. Dose limits
 - b. Diagnostic reference levels
 - c. Justification
 - d. Dose charts
- 11. The risks associated with medical uses of ionizing radiation vary significantly, which of the following procedures is at the high-risk end where radiation injury may occur?
 - a. Dental x-rya
 - b. Nuclear medicine procedure
 - c. Interventional procedures
 - d. B&C
- 12. For occupational exposure for workers what is the equivalent dose limit for hands and feet in a year?
 - a. 100 mSv
 - b. 250 mSv
 - c. 400 mSv
 - d. 500 mSv

13. What is the public exposure effective dose limit in a year?

- a. 1 mSv
- b. 2 mSv
- c. 3 mSv
- d. 4 mSv
- 14. For public exposure, what is the equivalent dose limit to the skin in a year?
 - a. 30 mSv
 - b. 40 mSv
 - c. 50 mSv
 - d. 60 mSv
- 15. Which of the following is not a role and responsibility of the government?
 - a. Establishing legislation that meets specified requirements
 - b. Establishing an independent regulatory body with the necessary legal authority, competence, and resources
 - c. Establishing a staffing model
 - d. Establishing requirements for education and training

- 16. The ______ has a responsibility to facilitate and ensure that the health authority, the relevant professional bodies, and the radiation protection regulatory body communicate and cooperate in working towards establishing the infrastructure necessary for radiation protection and safety in medical uses of ionizing radiation.
 - a. Government
 - b. Hospital
 - c. Clinic
 - d. Safety officer
- 17. True or false. In establishing values for DRLs typical (e.g. median or average) doses for patients are obtained from a representative sample of rooms and facilities where these procedures are being performed.
 - a. True
 - b. False
- 18. Which of the following are commonly used dose metrics to represent the dose to the patient in radiography?
 - a. Air-kerma area product
 - b. Incident air kerma
 - c. Entrance surface air kerma
 - d. All the above
- 19. What term is the commonly used dose metric for CT?
 - a. CT air kerma index
 - b. CT air kerma-length product
 - c. Incident air kerma
 - d. A & B
- 20. ______ are not dose limits, they are tools for optimization of protection and safety.
 - a. Dose constraints
 - b. Dose regulation
 - c. Dose guidelines
 - d. Dose rules
- 21. In addition to patients, what other groups of people can incur medical exposure in biomedical research?
 - a. Caregiver (carers) and comforters
 - b. Volunteers
 - c. Maintenance staff
 - d. A&B
- 22. Which of the following is an example of a professional body?
 - a. Societies
 - b. Colleges
 - c. Associations of health professionals
 - d. All the above

- 23. What regulatory body has the regulatory function to establish requirements and guidelines authorizing and inspecting facilities and activities, and enforcing legislative and regulatory provisions?
 - a. Radiation protection regulatory body
 - b. Safety regulatory body
 - c. Medial regulatory body
 - d. Protection regulatory body
- 24. What is the principal means for face-to-face contact with personnel in the medical radiation facility?
 - a. Zoom conference
 - b. Conference call
 - c. On-site inspection
 - d. Off-site meeting

25. Records of occupational exposure should be maintained for not less than _____ after stopping work.

- a. 25 years
- b. 30 years
- c. 35 years
- d. 40 years
- 26. In medical radiation facilities the person or organization responsible for the facility is normally referred to as what?
 - a. Registrant
 - b. Licensee
 - c. Participant
 - d. A and B

27. Who is a health professional with special education and training in the concepts and techniques of applying physics in medicine?

- a. Radiologist
- b. Radiologic technologist
- c. Medical physicist
- d. Medical practitioner
- 28. Which of the following is an example of a radiation program of biomedical research that would need approval by the ethics committee?
 - a. Trials performed to assess a new radiopharmaceutical
 - b. Trials being performed to assess a new radiotherapy procedure
 - c. Trials being performed to compare radiological procedures
 - d. All the above
- 29. Which of the following is not a responsibility of suppliers of radiologic equipment?
 - a. Number of staff technologists
 - b. Users understand the language, terminology, and icons on the control panel
 - c. Interconnectivity with other relevant systems
 - d. Specific training in the use of the equipment and software
- 30. True or false. In the case of radiation protection and safety associated with the radiologic procedure depends greatly on the skills and expertise of the health professional involved.
 - a. True
 - b. False

- 31. Which of the following is not an example of areas overseen by a radiological medical practitioner?
 - a. Nuclear medicine
 - b. Radiology
 - c. Equipment installation
 - d. Radiation therapy
- 32. A radiopharmacist is a health professional, usually, a _____, who has received additional specialist education and training.
 - a. Physician
 - b. Pharmacist
 - c. Technologist
 - d. Researcher
- 33. What does RPO stand for?
 - a. Radiation protection officer
 - b. Radiology professional officer
 - c. Registered professional officer
 - d. Registered protection officer
- 34. What committee has the function of advising on the safe operation and compliance with radiation protection and safety regulation requirements?
 - a. Regulatory Committee
 - b. Quality assurance committee
 - c. Infection control committee
 - d. Radiation safety committee
- 35. What committee would determine policy and give direction to the program, ensure proper documentation is being maintained, and review the effectiveness of the program?
 - a. Infection control committee
 - b. Quality assurance committee
 - c. Executive committee
 - d. Leadership committee

36. A _____ means an assessment of all relevant aspects of radiation protection and safety for a medical facility.

- a. Safety assessment
- b. Safety assurance
- c. Quality assurance
- d. Quality assessment