To: Applicants for Approval and Registration as
  Diagnostic Imaging Specialists and/or
  Therapeutic Radiologic Physicists

From: Marilyn Haycraft

Subject: Application and Related Information

Enclosed is information concerning approval and registration by the Agency as a Diagnostic Imaging Specialist (DIS) and/or as a Therapeutic Radiologic Physicist (TRP). Please review the enclosed information carefully before submitting an application.

Return the completed application, education and experience documentation with the $200 application fee to the address listed at the top of this page. Your $200 check will also serve as the registration fee for the remainder of the calendar year. The application fee is nonrefundable.

You should receive notification of the results of our review within 30 days of our receipt of the application. If you have any questions, please contact me at 217-785-9923. You may visit the Agency’s website at http://iema.illinois.gov/radiation/radiation.htm for additional information.
APPLICATION FOR REGISTRATION AND APPROVAL

DIAGNOSTIC IMAGING SPECIALIST

THERAPEUTIC RADIOLOGICAL PHYSICIST

PART I

SOCIAL SECURITY NUMBER: ___________________

NAME: _______________________________________

(LAST) (FIRST) (INITIAL)

MAILING ADDRESS: _____________________________

(STREET)

(CITY) (STATE) (ZIP)

TELEPHONE:

(WORK) ________________________________

(AREA CODE) (NUMBER) (EXT.)

(HOME) _________________________________________

(AREA CODE) (NUMBER)

(FAX) _______________________________________

(AREA CODE) (NUMBER)

E-MAIL ADDRESS: _____________________________

IL. 473-0024(Rev. 09/03) This Agency is requesting disclosure of this information pursuant to Section 40/25.1 of the Radiation Protection Act of 1990, 420 ILCS 40/25.1
PART II  CERTIFICATION

Check appropriate boxes and provide verification (copy of each certificate)

BOARD

☐ American Board of Radiology
☐ American Board of Medical Physics
☐ Canadian College of Medical Physics
☐ American Board of Health Physics

BOARD SPECIALTY

☐ Radiological Physics
☐ Diagnostic Radiological Physics
☐ Therapeutic Radiological Physics
☐ Roentgen Ray and Gamma Ray Physics
☐ X-Ray and Radium Physics
☐ Other (describe)

PART III  CATEGORY

Please note below the category for which you are applying. Specialists in mammography must meet the requirements of 32 Ill. Adm. Code 370.70(c), in addition to those of 32 Ill. Adm. Code 410.20. The information submitted on this application must be sufficient to demonstrate your qualifications for each category.

☐ Diagnostic Imaging Specialist

☐ Diagnostic Imaging Specialist - Mammography

☐ Therapeutic Radiological Physicist

PART IV  FORMAL EDUCATION

List below and provide verification (copies of diplomas for each degree received; transcripts may be submitted in lieu of diplomas)

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PART V EXPERIENCE

Based on your particular education and/or certification, experience in diagnostic x-ray survey and quality assurance (Q/A), x-ray radiation protection, or training in radiological physics may be required (see 32 Ill. Adm. Code 410.20). Indicate the name and location of each facility where you obtained your experience. Begin with your present position and work backward. Describe the nature of your experience, being as specific as possible. If additional space is needed, attach a separate sheet and follow the same format as outlined below.

Facility: ________________________________________________________________

Address: _______________________________________________________________

City: _____________________________________________ State: ___________

Dates of Employment:____________________ to  ______________________________

Length of time to be applied toward: years months

Experience in Diagnostic X-Ray Survey & Q/A _____ _____

X-Ray Radiation Protection _____ _____

Training in Radiological Physics _____ _____

Provide a description of duties pertinent to one or more of the above experience categories (copy of job description may be included to supplement narrative).

________________________________________________________________________

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________________________________________________________________________
PART V EXPERIENCE (continued)

Facility: ________________________________________________________________

Address: __________________________________________________________________

City: _____________________________ State: ___________

Dates of Employment:____________________ to ______________________________

Length of time to be applied toward: years months

Experience in Diagnostic X-Ray Survey & Q/A ______ ______

X-Ray Radiation Protection ______ ______

Training in Radiological Physics ______ ______

Provide a description of duties pertinent to one or more of the above experience categories (copy of job description may be included to supplement narrative).

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PART V EXPERIENCE (continued)

Facility: ________________________________________________________________

Address: _______________________________________________________________

City: _____________________________ State: ___________

Dates of Employment: _________________ to ______________________________

Length of time to be applied toward: years months

Experience in Diagnostic X-Ray Survey & Q/A __________

X-Ray Radiation Protection __________

Training in Radiological Physics __________

Provide a description of duties pertinent to one or more of the above experience categories (copy of job description may be included to supplement narrative).

________________________________________________________________________

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Attendance additional pages as necessary
PART VI   ACCESS TO INSTRUMENTS

In accordance with 32 Ill. Adm. Code 410.30(b), I attest that I have access to instruments which will enable me to perform measurements and tests in accordance with the Department's standards.

PART VII   DECLARATION, CERTIFICATION AND SIGNATURE

Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission?  [  ] Yes  [  ] No

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the registration and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

Signature:  __________________________________________________________

Date:  __________________________________

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