

# FORM IEMA.FLM-001M SUPPLEMENT A.5

Documentation of Training and Experience Required by 32 Ill. Adm. Code 335.9130 or 9160, Subpart J, for  
**Authorized User**

(Attach additional pages if more than one preceptor is needed)

## PART I

### PROPOSED INDIVIDUALS/USES

PROPOSED AUTHORIZED USER (AU): \_\_\_\_\_

IL MEDICAL LICENSE NO.: \_\_\_\_\_

PENDING RADIOACTIVE MATERIAL LICENSE NO.: \_\_\_\_\_

INDICATE DESIRED AUTHORIZATION(S)  
BY CHECKING ALL THAT APPLY:

32 ILL ADM. CODE TRAINING REFERENCES

- |   |           |
|---|-----------|
| <input type="checkbox"/> Sealed Sources for Diagnosis   | §335.9130 |
| <input type="checkbox"/> Other Emerging Technologies (specify) _____<br>(May require additional training) | §335.2140 |

## PART II(A)

### PREVIOUSLY LICENSED METHOD\*

The proposed individual is/has been named as an AU on a Radioactive Material License for the same uses. Use the other parts of this form if the individual is not approved for all desired authorizations on the attached license.

The AU is authorized on:

Medical Institution: \_\_\_\_\_

Address \_\_\_\_\_

RSO's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Institution's Radioactive Material License No. \_\_\_\_\_ Amendment No. \_\_\_\_\_ Permit No. (broad scope) \_\_\_\_\_  
**(Submit a copy of the radioactive material license (and broad scope permit as needed))**

For previously licensed AUs seeking additional authorizations or for those that have not been licensed within the last 7 years, proceed to Part II(C) to document classroom and work experience.

\*\*\*\*\* **OR** \*\*\*\*\*

## PART II(B)

### BOARD CERTIFICATION METHOD<sup>†</sup>

Specify board certification(s). Evidence (i.e., photocopy) of each certification MUST be submitted with this form. If the individual is not fully certified OR if the certification does not satisfy Subpart J requirements, then other parts of this form MUST be used. Check NRC's website at <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html> to ensure boards are approved and certificates contain specified language.

Board \_\_\_\_\_ Specialty \_\_\_\_\_ Year \_\_\_\_\_

Board \_\_\_\_\_ Specialty \_\_\_\_\_ Year \_\_\_\_\_

The Specialty Board's certification process must include all of the requirements in Part II(C) below and must be recognized by the NRC or an Agreement State

Medical Institution \_\_\_\_\_

Address \_\_\_\_\_

Supervising AU's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Institution's Radioactive Material License No. \_\_\_\_\_ Amendment No. \_\_\_\_\_ Permit No. (broad scope) \_\_\_\_\_  
**(Submit a copy of the radioactive material license (and broad scope permit as needed))**

\*\*\*\*\* **OR** \*\*\*\*\*

**PART II(C)**

**STRUCTURED TRAINING AND EXPERIENCE METHOD<sup>†</sup>**

The applicant has satisfied the training requirements specified in 32 Ill. Adm. Code 335. \_\_\_\_\_ for the use(s) of radioactive material specified above. The supervised training and experience were acquired at:

Medical Institution \_\_\_\_\_

Address: \_\_\_\_\_

Supervising AU's Name : \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Institution's Radioactive Material License No. \_\_\_\_\_ Amendment No. \_\_\_\_\_ Permit No. (broad scope) \_\_\_\_\_  
**(Submit a copy of the radioactive material license (and broad scope permit as needed))**

Classroom/Lab Training: Hours \_\_\_\_\_ Dates \_\_\_\_\_ Type of Use/ Device \_\_\_\_\_

Trainer (i.e., vendor or AU) \_\_\_\_\_ (Attach vendor certificate as necessary.)

Supervising AU's Signature and Date: \_\_\_\_\_

**PART III**

**REQUESTING LICENSEE'S CERTIFICATION<sup>‡</sup>**

As a member of management or as the radiation safety officer, I am authorized to act on behalf of the licensee. I have completed the appropriate section of this form and certify that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge. I hereby request the above changes to our Illinois Radioactive Material License.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Previously licensed means that individual was on an Illinois, U.S. NRC or other Agreement State license within the last seven years.  
† Attestations must be signed by the individual **directly** supervising the training. Residency Directors or Department Heads cannot sign the preceptor statement unless they are the supervising preceptor.  
‡ If the certifying individual is not known to the Agency, a due diligence request on the individuals background may be required.