ILLINOIS EMERGENCY MANAGEMENT AGENCY
APPLICATION FOR ACCREDITATION IN MEDICAL RADIATION TECHNOLOGY

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Reset Form

Print Form

1. The application must be complete and legible. Print or type all information.
2. A separate application is required for each accreditation requested.
3. If applying for temporary accreditation, enclose proof of graduation.
4. Make funds payable to the Illinois Emergency Management Agency or IEMA.
5. Application fees are not refundable.
6. If you have any questions, please call 217-785-9913.

Social Security Number _____ - _____ - _____

Name _____
Last First MI

Address _____
Number & Street

_____
City State Zip

Sex: ☐ M ☐ F Birthdate ____ / ____ / ____

Business Telephone #( ) _____

Home Telephone# ( ) _____

Email _____

This Application is for

☐ 1 Initial Accreditation
☐ 2 Renewal

Application is for the Category of

☐ 1 Radiography
☐ 2 Nuclear Medicine Technology
☐ 3 Radiation Therapy Technology
☐ 4 Chiropractic Radiography
☐ 5 Limited Radiography
☐ 6 Radiologist Assistant

Check Appropriate Box and Enclose Fee

☐ 1 Active Accreditation $120.00
☐ 2 Temporary Accreditation $120.00
☐ 4 Conditional Accreditation $120.00
☐ Limited (check the categories that apply) $120.00
☐ 5 Chest
☐ 6 Extremity
☐ 7 Skull/Sinus
☐ 8 Spine

RADIOLOGIC TECHNOLOGY EDUCATION

Name of School	Location (City)	State

Dates Attended *from:* mo yr / *to:* mo yr /	Type of Diploma	Date (to be) awarded mo yr /

PROFESSIONAL REGISTRY OR CERTIFICATION

☐ ARRT ☐ Radiography ☐ Nuclear Medicine ☐ Therapy
☐ NMTCB ☐ ACRRT ☐ CBRPA ☐ Not certified/registered

Certificate No. Submit copy of certificate/card (for Initial application only)

FOR OFFICE USE ONLY **CHECK#** **FEE RECEIVED**

(Rev. 6/07) IISG07-955 (IEMA 113)

CURRENT MEDICAL RADIATION TECHNOLOGY EMPLOYMENT (if applicable)

Employer's Name _____

Street Address _____

City _____ State _____ Zip _____

If you answer yes to any of the following questions, please provide a complete explanation on a separate sheet.

1. Have you been convicted of a felony? ☐ Yes ☐ No
2. Have you been denied or had a license/certification revoked? ☐ Yes ☐ No
3. Do you have a drug or alcohol problem that would impair your ability to perform professional duties? ☐ Yes ☐ No
4. Are you unable to perform the professional duties of a medical radiologic technologist with reasonable judgement, skill and safety? ☐ Yes ☐ No
5. Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission? ☐ Yes ☐ No

RENEWAL ONLY

I do hereby attest that I have taken the required continuing education needed for renewal of accreditation, pursuant to 32 Ill. Adm. Code 401.140, and that I have documentation proving such in my possession. ☐ Yes ☐ No

AGREEMENT

I do hereby agree to abide by all the rules and regulations of the Illinois Emergency Management Agency, and to permit the Agency, or its duly authorized representative, at all reasonable times, to inspect my accreditation.

I also declare that all the data appearing on this application is accurate and true to the best of my knowledge and authorize release of any or all educational information concerning the applicant to the Illinois Emergency Management Agency.

CERTIFICATION

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 renewal and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

Signature of Applicant	Date Application Signed

VIOLATIONS

Any person who practices in Medical Radiation Technology without the appropriate accreditation or who otherwise violates any provision of the Radiation Protection Act of 1990 is guilty of a Class A misdemeanor.

Section 39 of the Radiation Protection Act of 1990 (Act), 420 ILCS 40/1 et seq., was amended effective July 30, 1997, to provide criminal penalties for certain violations. Section 39 makes the following a criminal offense:

- Any person who knowingly makes a false material statement to an Agency employee during the course of official Agency business or in an application for accreditation, certification, registration, or licensure under the Act.
- Any person who knowingly alters a credential, certificate, registration or license issued by the Agency for the purpose of evading a requirement of the Act.
- A person who violates any part of this statutory section is guilty of a Class A misdemeanor for the first offense and is guilty of a Class 4 felony for a second or subsequent offense. 420 ILCS 40/39(b)(1)-(2).

BEFORE YOU MAIL YOUR APPLICATION:

1. Have all questions on the application been answered?
2. Is your application signed?
3. Have you enclosed your accreditation fee?
4. If applying for active accreditation, have you enclosed proof of registry?
5. If applying for temporary accreditation, have you enclosed proof of graduation from an approved training program?

Omission of any one of the required documents or incomplete information may result in a delay of your accreditation.

SEND TO:

Illinois Emergency Management Agency
Technology Accreditation Program
1035 Outer Park Drive
Springfield, Illinois 62704
217-785-9913
TDD: 217-782-6133
Web Site URL: http://www.iema.illinois.gov