

FORM IEMA.FLM-001M SUPPLEMENT A.4

Documentation of Training and Experience Required by 32 Ill. Adm. Code 335.9100, 9120, 2140
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"/> Manual Brachytherapy | §335.9100 |
| <input type="checkbox"/> Ophthalmic use of Sr-90 | §335.9120 |
| <input type="checkbox"/> Other Emerging Technologies (specify) _____
(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[†]

Specify board certification(s). Evidence (i.e., photocopy) of each certification **MUST** be submitted with this form. Attestation by a preceptor AU is now required for board certified candidates as well. 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 _____

PART II(B) continued

I hereby attest that, under my supervision, _____ has satisfied the training requirements specified in 32 Ill. Adm. Code 335. _____ for the use(s) of radioactive material specified above, and has achieved a level of competency sufficient to function independently as the authorized user for the specified medical use(s.) 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)

Supervising AU's Signature and Date _____

***** **OR** *****

PART II(C)

STRUCTURED TRAINING AND EXPERIENCE METHOD[†]

I hereby attest that, under my supervision, _____ has satisfied the training requirements specified in 32 Ill. Adm. Code 335. _____ for the use(s) of radioactive material specified above, and has achieved a level of competency sufficient to function independently as the authorized user for the specified medical use(s.) 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 (200 hrs./9100, 24 hrs./9120) Hours _____ Dates _____

Work (500 hrs./9100, cases only 9120) Hours _____ Dates _____ Number of cases: _____
(5 cases for ophthalmic use)

Clinical Training (3 yrs. 9100,) Dates _____

Specific Use/Device Training (as needed) Hours _____ Dates _____ Type of Use/ Device _____

Supervising AU's Signature and Date _____

PART III

REQUESTING LICENSEE'S CERTIFICATION[±]

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.