



**IEMA-OHS OFFICE OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704**

Application Form for a Medical Radioactive Materials License

Complete all items if this is an initial application or renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit the original application to the IEMA-OHS Office of Nuclear Safety.

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 32 Ill. Adm. Code 330. Disclosure of this information is required. Please be aware, however, that Agency rules require that an application for renewal of a specific license be filed with the Agency at least 30 days prior to the expiration date. This allows for licensed activities lawfully to continue beyond the expiration date pending Agency review of the renewal application, should such review extend beyond the expiration date. Failure to provide all requested information may result in denial of your application for radioactive material license issuance or renewal.

Item 1. This is an application for:

New Medical Use License **OR** Amendment Renewal of License Number: _____

Item 2. Applicant's name and mailing address

Applicant must be the legal entity or individual responsible for the license.

Licensee Name:	
Address:	Email:
City, State, Zip:	Phone:
<input type="checkbox"/> Illinois Secretary of State Registration, <i>or a similar registration in another state</i> , is Attached	

Item 3. Person(s) authorized to act on behalf of licensee

If additional space is required, submit an attachment with the information required. Indicate if changes to person(s) previously authorized are needed.

Name:	Title:
Address:	Email:
City, State, Zip:	Phone:
<input type="checkbox"/> Full time employee of licensee or <input type="checkbox"/> Position and/or Relationship to the licensee:	
If any individual listed above is unknown to the Agency (not listed on any license previously), complete the <i>Release and Authorization Full Due Diligence Form</i> ("Background Check") to expedite processing of the application. https://iemaohs.illinois.gov/nrs/radsafety/guidance.html	

Item 4. Address where radioactive material will be either: Used(only), Stored(only), or Both Used & Stored

If additional space is required, submit an attachment with the information required.

Site Address(es):	<input type="checkbox"/> Used <input type="checkbox"/> Stored <input type="checkbox"/> Used and Stored	<input type="checkbox"/> The Applicant owns the property/facility. <input type="checkbox"/> The Applicant does not own the property. Attach letter signed by facility/owner acknowledging use/storage of RAM at this location <input type="checkbox"/> Site is subject to 32 Ill. Adm. Code Part 337
City, State, Zip:		
Contact Name:	Phone:	Email:
<input type="checkbox"/> Diagram of the radioactive material use/storage area is attached.		
<input type="checkbox"/> For PET, 335.5010 in-patient rooms, 335.7010 and 335.8010 uses; shielding calculations are attached		
<input type="checkbox"/> Areas of Use will intermittently be declared "unrestricted areas"		
<input type="checkbox"/> Request TEMPORARY JOBSITES (≤ 180 days during any consecutive twelve-month period)		

Individual(s) who will use radioactive materials

Item 5A. Authorized Users (AUs)

- AUs listed on the current license are unchanged. Specify the amendment number _____
- OR**
- Documentation is attached detailing the addition, removal and/or change in requested authorizations for AUs (applicants may utilize the worksheet in Appendix B of Instructional Set 52.2 (Rev. 4, 2022) for this purpose); **AND**
- Completed "Training and Experience Form, Rev. 1/22" or equivalent attached for each requested authorized user.

Item 5B. Authorized Medical Physicist (AMP) N/A

- | | |
|------------|--|
| Full Name: | Authorized Uses: <input type="checkbox"/> HDR <input type="checkbox"/> GSR <input type="checkbox"/> Microspheres |
|------------|--|
- Completed "Training and Experience Form, Rev. 1/22" or equivalent attached

Item 5C. Ophthalmic Physicist N/A

- | | |
|------------|---|
| Full Name: | Authorized Use: <input type="checkbox"/> Sr-90 under 335.7010 |
|------------|---|
- Completed "Training and Experience Form, Rev. 1/22" or equivalent attached

Item 6A. Radiation Safety Officer (RSO)

- | | |
|-------------------|--------|
| Full Name: | Title: |
| Address: | Email: |
| City, State, Zip: | Phone: |
- The proposed RSO is :
- A full-time employee of licensee
 - OR**
 - Indicate the Position and/or Relationship to the licensee: _____
 - Completed "RSO Training and Experience Form, Rev. 1/22" or equivalent is attached
 - Delegation of Authority Statement signed by both management and the RSO is attached. A template is available in Appendix C.
 - Duties and responsibilities of the RSO are attached.
 - RSO is available to respond to questions or operational issues approximately _____ hours per week
 - Applicant has specified time required for RSO to arrive at facility in the event of an emergency: _____ hours

Item 6B. Associate Radiation Safety Officer (ARSO) N/A

- Multiple ARSOs may be listed. If additional space is required, submit an attachment with the information required.
- | | |
|-----------------|------------------|
| Full Name: | Authorized Uses: |
| Office / Cell#: | Email: |
- ARSO appointment, signed by management is attached. A template is available in Appendix C.
 - Types of use (e.g., 32 Ill. Adm. Code 335.4010, 32 Ill. Adm. Code 335.5010) for which the ARSO(s) are assigned duties and tasks are attached.
 - Completed "Training and Experience Form, Rev. 1/22" or equivalent attached for each authorized use
- If the proposed RSO/ARSO is unknown to the Agency (not listed on any license previously), complete the *Release and Authorization Full Due Diligence Form* to expedite processing of the application.
https://www2.illinois.gov/iema/NRS/RadSafety/documents/RAM_Documents/BackgroundCheck.pdf

Item 6C. Radiation Safety Committee (RSC) N/A

- NOTE: An RSC is required if two or more different types of use under Subparts F, H and I or Section 335.2140 are requested, or two or more types of units under Subpart (I)
- We will use the RSC procedures and duties outlined in Attachment W of Instructional Set 52.2 (Rev. 4, 2022)
 - OR**
 - Alternate duties and responsibilities of the RSC are attached for Agency review

Item 7A. Radioactive Material			
Category of Use	Chemical and/or Physical Form	Max activity per source	Max Possession limit
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.2040	Will be authorized, unless otherwise indicated, for any radiopharmaceutical identified in 32 Ill. Adm. Code 335.2040	As specified in Regulation	
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.3010	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.3010 (Subpart D)		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.4010 AND, Mark all that apply to the license: <input type="checkbox"/> excluding gases and volatiles <input type="checkbox"/> excluding generators <input type="checkbox"/> excluding PET	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.4010 (Subpart E)		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.5010 AND, Mark all that apply to the license: <input type="checkbox"/> limited to I-131 administrations > 30 uCi, but for diagnostic use only <input type="checkbox"/> limited to I-131 administrations less than or equal to 1.22 GBq (33 mCi) <input type="checkbox"/> I-131 administrations in quantities > 1.22 GBq (33 mCi) <input type="checkbox"/> parenteral administrations	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.5010 (Subpart F)		
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.6010	Any sealed source identified in 32 Ill. Adm. Code 335.6010 (Subpart G)		
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.7010	Any sealed source identified in 32 Ill. Adm. Code 335.7010 (Subpart H),		
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.8010	Any sealed source in in 32 Ill. Adm. Code 335.8010 (Subpart I)		
<input type="checkbox"/> Any in 32 Ill. Adm. Code 330.220(e)(1)	In Vitro Testing with Radioactive Material		
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.2140	Emerging Technologies: Provide a detailed description: (e.g., IVB, microspheres, seed localization)		

Item 7B. Radioactive Material for Uses Not Listed in Item 7a			
If additional space is required, submit an attachment with the information required.			
Radionuclide	Chemical and/or Physical Form and Requested Use	Max activity per source	Max possession limit
<input type="checkbox"/> U-238 in 32 Ill. Adm. Code 330.210(g)	Metal. Depleted uranium (i.e., uranium depleted in U-235), as shielding material	qty. (in kg)	999 kg

Item 8A. Instrumentation
Does not include imaging cameras.
<input type="checkbox"/> Completed Exhibit B from Instructional Set 52.2 (Rev. 4, 2022), is attached (or equivalent documentation)

Item 8B. Instrument Calibration (Mark one)
<input type="checkbox"/> Radiation survey/monitoring instruments will be calibrated by a service company authorized to perform such services. We will maintain a copy of a company's license authorizing such services. OR
<input type="checkbox"/> We will calibrate radiation survey/monitoring instruments in accordance with the attached procedures, which contain all information requested in Appendix E of Instructional Set 52.2 (Rev. 4, 2022)

Item 8C. Dose Calibrators (Mark one)
<input type="checkbox"/> Not applicable, we will use only unit doses and do not administer radiopharmaceuticals requiring a written directive OR
<input type="checkbox"/> We will calibrate the dose calibrator in accordance with the manufacturer's instructions and/or a national standard in accordance with 335.2010(b). NOTE: Appendix F of Instructional Set 52.2 (Rev. 4, 2022) is an example national standard.

Item 9. Procedures for Use of Radioactive Gas/Volatile Material
<input type="checkbox"/> Not applicable OR, mark one:
<input type="checkbox"/> We will use the procedure identified in Appendix G of Instructional Set 52.2 (Rev. 4, 2022), OR
<input type="checkbox"/> Alternate procedures and calculations are attached for Agency review

Item 10. Personnel Training Program (Mark one)
<input type="checkbox"/> We will use the training program identified in Appendix H of Instructional Set 52.2 (Rev. 4, 2022) OR
<input type="checkbox"/> Alternate training program (including description, frequency, form and duration) is attached for Agency review

Item 11. Procedures for Ordering and Receiving Radioactive Material (Mark one)
<input type="checkbox"/> We will use the procedure identified in Appendix I of Instructional Set 52.2 (Rev. 4, 2022) OR
<input type="checkbox"/> Alternate procedures are attached for Agency review

Item 12. Procedure for Safely Opening Radioactive Material Packages (Mark one)
<input type="checkbox"/> We will use the procedure identified in Appendix J of Instructional Set 52.2 (Rev. 4, 2022) OR
<input type="checkbox"/> Alternate procedures are attached for Agency review

Item 13. General Rules for the Safe Use of Radioactive Material (Mark one)
<input type="checkbox"/> We will use the procedure identified in Appendix K of Instructional Set 52.2 (Rev. 4, 2022) OR
<input type="checkbox"/> Alternate procedures are attached for Agency review

Item 14A. General Emergency Procedure (Mark one)
<input type="checkbox"/> We will use the procedure identified in Appendix L of Instructional Set 52.2 (Rev. 4, 2022) OR
<input type="checkbox"/> Alternate procedures are attached for Agency review

Item 14B. Emergency Procedures for Therapy and Emerging Technologies (Mark one)
<input type="checkbox"/> Not applicable OR
<input type="checkbox"/> Procedure(s) required by 32 Ill. Adm. Code 335.8040(a)(4) and, as applicable, 335.2140(b)(3) are attached.

Item 15. Waste Disposal

- We will use the procedure identified in Appendix R of Instructional Set 52.2 (Rev. 4, 2022)
OR
- Alternate procedures for decay-in-storage, transfer and disposal of licensed material are attached for Agency review.
Additionally, (Mark all that apply)
- We will discharge radioactive effluents (gaseous or liquid). Calculations demonstrating compliance with public dose limits and ALARA constraints are attached.
- We will use waste volume reduction operations (e.g., compactors). Procedure attached.
- We will treat or dispose of licensed material by incineration. Procedure attached (contact IEMA for guidance).
- Other disposal methods, not listed above, are requested under 32 Ill. Adm. Code 340.1020. Procedure attached.

Item 16. Testing Sealed Sources for Leakage and/or Contamination (Mark one)

- We will use a licensed service to perform analysis of leakage and/or contamination samples. We will maintain a copy of a company's license authorizing such services.
OR
- We will perform our own analyses for source leakage and/or contamination. Procedures containing the information identified in Appendix M of Instructional Set 52.2 (Rev. 4, 2022) are attached.

Item 17. Unsealed radioactive material – written directive required

- Not applicable
OR, mark one:
- We will use the procedure identified in Appendix N of Instructional Set 52.2 (Rev. 4, 2022), **OR**
- Alternate procedures addressing the items in Section III. Item 17 of the Instructional Set 52.2 (Rev. 4, 2022), are attached for Agency review.

Item 18. Brachytherapy

- Not applicable
OR, mark one:
- We will use the procedure identified in Appendix P of Instructional Set 52.2 (Rev. 4, 2022), **OR**
- Alternate procedures are attached for Agency review.

Item 19. Remote Afterloader, Teletherapy, and Gamma Stereotactic Radiosurgery

- Not applicable
OR
- Procedures for responding to an abnormal situation required under 32 Ill. Adm. Code 335.8040(a) are attached; **AND**
- Periodic Spot-Check procedures required by 32 Ill. Adm. Code 335.8100, 32 Ill. Adm. Code 335.8170, and 32 Ill. Adm. Code 335.8200, if applicable, attached. (See Appendix Q for template 32 Ill. Adm. Code 335.8170 procedures); **AND**
- Description of required equipment and facilities attached (Section III. Item 19 of Instructional Set 52.2 (Rev. 4, 2022))

Item 20. Other Medical Uses of Radioactive Material or Radiation from Radioactive Material - Emerging Technologies (e.g., IVB, microspheres, seed localization)

- Not applicable
OR
- Procedures for patient release in accordance with 32 Ill. Adm. Code 335.2110 are attached, **AND**
- Procedures and submittals required under 32 Ill. Adm. Code 335.2140(b) and (c) are attached.

Item 21. Personnel Monitoring

Type	Exchange Frequency*	OSL	TLD	Self-reading or electronic personal dosimeters (see Instructional Set 52.2 for limitations)	Film
Whole body		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See Section III. Item 21 of Instructional Set 52.2 (Rev. 4, 2022)

If the personnel monitoring program cannot be summarized in the table above,

- We will use the procedure identified in Appendix T of Instructional Set 52.2 (Rev. 4, 2022), **OR**
- Alternate procedures are attached for Agency review.

Additionally, (Mark all that apply)

- Direct reading pocket dosimeters will be used. Procedures for calibration are attached.
- Self-reading or electronic dosimeters are appropriate for requested use(s). We commit to the development, maintenance and implementation of procedures discussed in Section III. Item 21 of Instructional Set 52.2 (Rev. 4, 2022)

Item 22. Bioassay

- Not applicable (capsules only or no unsealed radiopharmaceutical use)

OR, mark one:

- We will use the procedure identified in Appendix O of Instructional Set 52.2 (Rev. 4, 2022), **OR**
- Alternate procedures are attached for Agency review.

Item 23. Part 337 Security Requirements (Mark one)

- Not applicable. The applicant will not possess an aggregated category 1 or category 2 quantity of radioactive material listed in Appendix A to 32 Ill. Adm. Code Part 337,
- OR**
- The applicant commits to implementing the applicable requirements of 32 Ill. Adm. Code Part 337 before taking possession of an aggregated category 1 or category 2 quantity of radioactive material.

NOTE: Do not submit plans or procedures required under 32 Ill. Adm. Code Part 337 to the Agency with this application. These items will be reviewed on site prior to issuance of the license and during routine inspections.

Item 24. License Fees (Refer to 32 Ill. Adm. Code 331)

- Not Applicable (Agency of a State, County or Municipality Government or an Educational Institution as defined in 32 Ill. Adm. Code 331.110(c))

Do not submit your fee payment. New applicants will be billed a prorated fee for the portion of the billing year remaining from the date the application is received. Licensees adding sites or changing fee categories will be billed when the license is amended. Existing licensees and applicants are also subject to annual bills as specified in 32 Ill. Adm. Code 331.

Fee Category: _____ (See [Appendix E of 32 Ill. Adm. Code Part 331](#) for fee categories)

NOTE: A pre-licensing site visit is required prior to issuing a new (not renewed) radioactive materials license. An Agency representative will contact the applicant after all items of the application have been reviewed and accepted. All construction must be complete, items related to your radiation safety program, and if applicable Part 337 security requirements put in place prior to the visit.

Item 25. Financial Assurance

The applicant must satisfy applicable financial assurance requirements as described in 32 Ill. Adm. Code 326

NEW APPLICANT (Check one)

- Exempt
- \$25,000 instrument will be provided prior to issuance of license
- Reclamation plan/cost estimate attached

RENEWAL OR AMENDMENT (Check one)

- Exempt
- Existing document reviewed – no changes necessary
- Limiting condition applies
- Updated reclamation plan/cost estimate attached

ITEM 26. Certification:

Every applicant must complete Section A:

A: I have reviewed the above items and hereby certify that my radiation protection program meets the current 32 Ill. Adm. Code, radioactive materials license with active amendments, operating procedures and ALARA Program, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Title: _____ Applicant's FEIN: _____

Complete Section B *only* if the applicant is an individual:

B. If you are applying as an individual, rather than as a corporation or other legal entity, you must provide the following information in order to process your application:

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 license 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: _____ Social Security Number: _____

Title: _____ Date: _____

If the applicant is an individual and is unknown to the Agency (not listed on any license previously), complete the *Release and Authorization Full Due Diligence Form* ("Background Check") to expedite processing of the application.

<https://iemaohs.illinois.gov/nrs/radsafety/guidance.html>