



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

Expedited Renewal Form for a Medical Radioactive Materials License

Complete all items for 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:

Expedited Renewal of License Number: IL-_____ Licensee Name: _____

Item 2. Applicant's name and mailing address

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

Applicant's Name (if different than Licensee Name above):

Address:	Email:
City, State, Zip:	Phone:

Illinois Secretary of State Registration, or a similar registration in another state, 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:

Full time employee of licensee or 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 *Release and Authorization Full Due Diligence Form* ("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:

Diagram of the radioactive material use/storage area is attached.

For PET, 335.5010 in-patient rooms, 335.7010 and 335.8010 uses; shielding calculations are attached

Areas of Use will intermittently be declared "unrestricted areas"

Request TEMPORARY JOBSITES (≤ 180 days during any consecutive twelve-month period)

Individual(s) who will Use Radioactive Materials

Item 5A. Authorized Users (AUs)	
<input type="checkbox"/> AUs listed on the current license are unchanged. Specify the amendment number _____ OR <input type="checkbox"/> 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 <input type="checkbox"/> Completed "Training and Experience Form, Rev. 1/22" or equivalent attached for each requested authorized user.	

Items 5B - 23

	<p>As applicable to each item below: review your radiation protection program against the regulations, the license and the license conditions with all active amendments, your operating procedures and ALARA program to ensure that your program is reflective of current operations for the material to be used. If changes are required, refer to the corresponding Section of Instructional Set 52.2 (Rev. 4, 2022), and attach required documentation/procedures.</p> <p>NOTE: Updates to 32 Ill. Adm. Code Part 335 in January 2022 may necessitate changes to a licensee's existing radiation protection program. Additionally, applicants should review updates to IEMA's Instructional Set 52.2 (Rev. 4, 2022) and the associated appendices for relevant updates.</p>
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Item 5B	Authorized Medical Physicist (AMP)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 5C	Ophthalmic Physicist (OP)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 6A	Radiation Safety Officer (RSO)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 6B	Associate Radiation Safety Officers (ARSO)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 6C	Radiation Safety Committee (RSC)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
<p>NOTE: An RSC is required if two or more different types of uses under Subparts F, H and I or Section 335.2140 are requested, or two or more types of units under Subpart I)</p>			
Item 7A	Radioactive Material (Mark all that apply)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
	<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.2040, Calibration, Transmission & Attenuation Sources <input type="checkbox"/> Any in 32 Ill. Adm. Code 335.3010, Uptake, Dilution & Excretion diagnostic studies <input type="checkbox"/> Any in 32 Ill. Adm. Code 335.4010, Imaging and Localization, Written Directive not required <input type="checkbox"/> Any in 32 Ill. Adm. Code 335.5010, Unsealed Radioactive Material, Written Directive Required <input type="checkbox"/> Any in 32 Ill. Adm. Code 335.6010, Sealed Sources for Diagnosis <input type="checkbox"/> Any in 32 Ill. Adm. Code 335.7010, Manual Brachytherapy <input type="checkbox"/> Any in 32 Ill. Adm. Code 335.8010, Teletherapy, Afterloaders, Gamma Stereotactic Radiosurgery units <input type="checkbox"/> Any in 32 Ill. Adm. Code 335.2140, Emerging Technologies (including IVB) <input type="checkbox"/> Any in 32 Ill. Adm. Code 330.220(e)(1), In vitro testing <input type="checkbox"/> Any in 32 Ill. Adm. Code 330.210(g), U-238 shielding <input type="checkbox"/> Any in 32 Ill. Adm. Code 330.250, Non-medical use		
Item 7B	Uses Not Listed in 7A	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 8A	Instrumentation	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 8B	Instrument Calibration	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 8C	Dose Calibrators	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 9	Procedures for use of Radioactive Gas/Volatile Material	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 10	Personnel Training Program	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 11	Procedures for Ordering and Receiving Radioactive Material	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached

Item 12	Procedure for Opening Radioactive Material Packages	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 13	General Rules for the Safe Use of Radioactive Material	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 14A	General Emergency Procedures	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 14B	Emergency Procedures for Therapy and Emerging Tech.	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 15	Waste Disposal	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 16	Testing Sealed Sources for Leakage and/or Contamination	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 17	Procedures for Use of Unsealed Radioactive Material – Written Directive Required	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 18	Procedures for Manual Brachytherapy Use	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 19	Procedures for Remote Afterloader, Teletherapy, and Gamma Stereotactic Radiosurgery Use (excluding IVB)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 20	Procedures for 32 Ill. Adm. Code 335.2140 Use (Emerging Technologies, including IVB)	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 21	Personnel Monitoring	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 22	Bioassay	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 23	Part 337 Security Requirements	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
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 during routine inspections.			

Item 24. License fees (Refer to 32 Ill. Adm. Code 331)	
<input type="checkbox"/> Not Applicable (Agency of a State, County or Municipality Government or an Educational Institution as defined in 32 Ill. Adm. Code 331.110(c))	
<p>Do not submit your fee payment. 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.</p>	
Fee Category: _____ (See Appendix E of 32 Ill. Adm. Code Part 331 for fee categories)	

Item 25. Financial Assurance
The applicant must satisfy applicable financial assurance requirements as described in 32 Ill. Adm. Code 326.
<input type="checkbox"/> Exempt <input type="checkbox"/> Existing document reviewed – no changes necessary <input type="checkbox"/> Limiting condition applies <input type="checkbox"/> Updated reclamation plan/cost estimate attached

ITEM 26. Certification: Every applicant must complete Section A:
<p>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.</p>
Signature: _____ Date: _____
Title: _____ Applicant's FEIN: _____

ITEM 26. Certification (continued):

Complete this section *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.

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