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

AUTHORIZED USER TRAINING AND EXPERIENCE FORM

Use this form to provide notifications under 32 Ill. Adm. Code 335.45 and documentation of training and experience for authorized users (AU's) in accordance with the following parts:

- 32 Ill. Adm. Code 335.9140, **Training for Use of Remote Afterloader Units, Teletherapy Units and Gamma Stereotactic Radiosurgery Units**

NOTE: This form requires the applicant to attach copies of licenses and Board certifications as applicable. Failure to properly attach these documents will result in the request being delayed or denied. See Section III. Item 5A and Appendix B of the Instructional Set 52.2 (Rev. 4, 2022) for additional information.

Nature of Request (Amendment Request or Notification)

32 Ill. Adm. Code 335.40 allows some board-certified physicians or those currently identified on an Agency, U.S. NRC or Agreement State license as an authorized user to begin work without first obtaining an amendment. Indicate if this form is providing notice of an AU beginning work or if the licensee wishes the Agency to evaluate and amend the license. If unsure, select *"Amendment Request"*.

☐ **Notification.** I have attached the required board-certification or radioactive material license identifying the individual in Part 2 as an authorized user for the requested use(s) and certify they meet the requirements specified in 32 Ill. Adm. Code 335.40(b) to begin work under the license. This form serves as the notification required under 32 Ill. Adm. Code 335.45.

OR

☐ **Amendment Request.** The individual in Part 2 is seeking authorization under the alternate (training and experience) pathway, or we have elected to apply for and receive a license amendment before permitting the individual to work under the license.

Part 1. Licensee Information

Provide Information on the Radioactive Materials License under which the proposed Authorized User will work.

Licensee Name:

Radioactive Materials License Number: IL-

Part 2. Proposed Authorized User (AU) Information

AU Name:	**IDFPR Medical License Number:**

Requested Use (Mark all that apply):

☐ 32 Ill. Adm. Code 335.8010, Use of a Sealed Source in Remote Afterloaders

☐ 32 Ill. Adm. Code 335.8010, Use of a Sealed Source in Teletherapy Units

☐ 32 Ill. Adm. Code 335.8010, Use of a Sealed Source in Gamma Stereotactic Units

Part 3. Authorization Pathway

Part 3A. Has the proposed AU been listed on a Radioactive Materials License or Permit for the same Requested Use?

☐ No, the proposed AU has not been listed on a radioactive material license or broad scope permit for the requested use. Continue to Part 3B.

OR

(Continued on Page 2)

☐ Yes, a copy of the radioactive materials license or broad scope permit listing the AU for the requested use (or US NRC or Agreement State equivalent) is attached; **and**

☐ If the license or permit authorization exceeds seven years from the date of this application, submit documentation (dates, description and duration) of related continuing training and experience (See Section III. Item 5A and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**

☐ Skip Parts 3B, 3C, 3D and 4. Complete Part 5 and Submit to IEMA-OHS.

Part 3B. Is the proposed AU currently authorized under 335.8010 and seeking additional authorizations?

☐ No, the proposed AU is not seeking additional authorizations as an existing 335.8010 authorized user. Continue to Part 3C.

OR

☐ Yes, the proposed AU is seeking authorization for the additional medical uses selected in Part 2; **and**

☐ Utilize Table 4 in Section 3D to provide documentation of training on device operation, safety procedures and clinical use for the therapeutic medical unit(s) for which authorization is sought; **and**

☐ If board certified; attach a copy of the certificate. Skip Parts 3C, 3D (*except for Table 4*) and Part 4. Complete Part 5 and submit to IEMA-OHS.

☐ If not board certified, skip Parts 3C and 3D (*except for Table 3*). Complete Parts 4 and 5, submit to IEMA-OHS.

Part 3C. Is the Proposed AU Board Certified?
See the US NRC Medical Toolkit for recognized board certifications and required wording on certificates.

☐ No, the proposed AU is not certified by a medical specialty board whose certification process has been recognized by the U.S. NRC. Continue to Part 3D.

OR

☐ Yes, a copy of the board certification, is attached; **and**

☐ If the date of board certification exceeds seven years from the date of this application, submit documentation (dates, description and duration) of related continuing training and experience (See Section III. Item 5A and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**

☐ Utilize Table 4 in Section 3D to provide documentation of training on device operation, safety procedures and clinical use for the therapeutic medical unit(s) for which authorization is sought; **and**

☐ Skip Part 3D (*except for Table 4*) and Part 4. Complete Part 5 and submit to IEMA-OHS.

Part 3D. Structured Training and Experience Pathway

☐ Complete tables 1, 2, 3 and 4 below, detailing training and experience; **and**

☐ If the dates indicated in the table below exceed seven years from the date of this application, submit documentation (dates, description and duration) of related continuing training and experience (See Section III. Item 5A and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**

☐ Complete Parts 4 and 5. Submit to IEMA-OHS.

Part 3D. Table 1 – Classroom and Laboratory Training

Required Training	Location(s) of Training	Clock Hours	Dates of Training
See 32 Ill. Adm. Code 335.9140(b)(1)(A)			

Part 3D. Table 2 – Supervised Work Experience

Required Work Experience	Location(s) of Experience	Clock Hours	Dates of Experience
See 32 Ill. Adm. Code 335.9140(b)(1)(B)			

Part 3D. Table 3 – Supervised Clinical Experience in Radiation Therapy		
Required Clinical Experience	Location(s) of Experience	Dates of Experience
As detailed in 32 Ill. Adm. Code 335.9140(b)(2)		

NOTE: The supervised clinical experience shall be obtained as part of an approved formal training program. This experience may be obtained concurrently with the supervised work experience in Table 2.

This part must be certified by the authorized user supervising the required work and clinical experience. The supervising authorized user must meet the requirements in 32 Ill., Adm. Code 335.9140, 335.9160 or the U.S. NRC or Agreement State equivalent. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

☐ As the supervising AU, I attest that the proposed authorized user has successfully completed the training and supervised work experience detailed above.

License or Permit Number identifying the Supervising AU:	Amendment #:

Supervising AU's Signature: _____

Supervising AU's Printed Name: _____ Date: _____

Part 3D. Table 4 – Device Operation, Safety Procedures and Clinical Use Training			
Document training in device operation, safety procedures and clinical use for each type of therapeutic medical unit for which authorization is sought..			
Type of Use	Description of Training	Training Provider	Dates of Training

☐ Attach vendor certificate or indicate the supervising AU / AMP below.

Supervising AU or AMP's Printed Name:	
License or Permit Number identifying the Supervising Individual:	Amendment #:

Part 4. Preceptor Attestation

This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Preceptor Attestation is being provided by:

☐ A preceptor authorized user who meets the requirements in 32 Ill. Adm. Code 335.9140 or 335.9160, or equivalent U.S. NRC or Agreement State requirements for each type of therapeutic medical unit for which the individual is requesting authorized user status.

OR

☐ A residency program director representing the consensus of a residency program which meets the requirements in 32 Ill. Adm. Code 335.9140(b)(3)(B).

Preceptor Certification (Select ONE and Certify):

I attest that the proposed authorized user listed on this form has satisfactorily completed the:

☐ 200 hours of classroom and laboratory training, 500 hours of work experience and 3 years of supervised clinical experience in radiation therapy under a qualified AU as required by 32 Ill. Adm. Code 335.9140(b), and is able to independently fulfill the radiation safety-related duties as an authorized user for the type of therapeutic medical unit(s) for which the individual is requesting authorized user status.

Preceptor Signature: _____ Title: _____

Preceptor Printed Name: _____ Date: _____

Preceptor Telephone: _____ Email: _____

Part 5. 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.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Signed and completed forms may be submitted electronically with required attachments to Ema.speclic@Illinois.gov