



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

**AUTHORIZED MEDICAL PHYSICIST 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 medical physicists (AMPs) in accordance with the following parts:

- 32 Ill. Adm. Code 335.9150, **Training for Authorized Medical Physicist**
- 32 Ill. Adm. Code 335.9160, **Training for Experienced Authorized Medical Physicist**

**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. This form has been simplified to request the minimum amount of information necessary to process a licensee’s request. See Section III. Item 5B 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 individuals or those currently identified on an Agency, U.S. NRC or Agreement State license as an authorized medical physicist to begin work without first obtaining an amendment. Indicate if this form is providing notice of an AMP 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 AMP 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 AMP will work.

**Licensee Name:**

**Radioactive Materials License Number: IL-**

**Part 2. Proposed Authorized Medical Physicist (AMP) Information**

**Name:**

**Requested Use (Mark all that apply):**

- 32 Ill. Adm. Code 335.7010, Use of Sealed Sources for Brachytherapy
- 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
- 32 Ill. Adm. Code 335.2140, Y-90 Microspheres, written directive required (see [Agency guidance](#))
- 32 Ill. Adm. Code 335.2140, I-125 Gliasite
- 32 Ill. Adm. Code 335.2140, Intravascular brachytherapy
- 32 Ill. Adm. Code 335.2140, Other Emerging Technologies

Specify requested emerging technologies: \_\_\_\_\_

### Part 3. Authorization Pathway

#### Part 3A. Has the individual been named as an AMP on a Radioactive Material License or Permit for the same Requested Use?

- No, the individual has not been listed as an AMP on a radioactive material license or broad scope permit for the requested use. Continue to Part 3B.  
**OR**
- Yes, a copy of the radioactive materials license or broad scope permit listing the individual as an AMP for the requested use (or U.S. 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 5B 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 individual currently listed as an AMP on a license or permit and seeking the additional authorizations checked in Part 2?

- No, the proposed individual is not seeking additional authorizations as an existing AMP. Continue to Part 3C.  
**OR**
- Yes, the current AMP is seeking authorization for the additional medical uses selected in Part 2; **and**
- Utilize Table 3 in Section 3D to provide documentation of training on each type of use for which additional authorization is sought; **and**
- If board certified; attach a copy of the certificate. Skip Parts 3C, 3D (*except for Table 3*) 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 AMP Board Certified?

See the [US NRC Medical Toolkit](#) for recognized board certifications and required wording on certificates.

- No, the proposed AMP 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 5B and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**
- Utilize Table 3 in Section 3D to provide documentation of training on each type of use for which authorization is sought; **and**
- Skip Part 3D (*except for Table 3*) and Part 4. Complete Part 5 and submit to IEMA-OHS.

#### Part 3D. Structured Training and Experience Pathway

- Complete tables 1, 2 and 3 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 5B of Instructional Set 52.2, Rev. 4, 2022); **and**
- Complete Parts 4 and 5. Submit to IEMA-OHS.

Part 3D. Table 1 – Education, Training and Experience		
Required Training	Location(s) of Training	Dates of Training
One year of full-time training in medical physics		

**Part 3D. Table 2 - Supervised Work Experience**

This part must be certified by the AMP supervising the required work experience. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Proposed AMP’s Required Work Experience	Location(s) of Experience	Dates of Experience
One year of full-time work experience as detailed in 32 Ill. Adm. Code 335.9150(b)		

*NOTE: The one year of full-time training in medical physics cannot be concurrent with the one year of supervised work experience. The supervising individual must meet the training and experience requirements in 32 Ill. Adm. Code 335.9150 and 335.9180 for the types of use for which the individual is seeking authorization.*

As the supervising AMP, I attest that the proposed individual has satisfactorily completed at least one year of full-time work experience, meeting the criteria in 32 Ill. Adm. Code 335.9150(b), at clinical radiation facilities which provide high energy, external beam therapy and brachytherapy services.

License or Permit Number identifying the Supervising AMP: \_\_\_\_\_ Amendment #: \_\_\_\_\_

Supervising AMP’s Signature: \_\_\_\_\_

Supervising AMP’s Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3D. Table 3 – Radiation Safety, Regulatory & Emergency Procedure Training**

Document training in each type of use for which authorization is sought. 32 Ill. Adm. Code 335.9150(d) requires that this training include hands-on device operation, safety procedures, clinical use and the operation of a treatment planning system.

Type of Use	Description of Training	Training Provider	Dates of Training

Attach vendor certificate or indicate the supervising AMP below.

Supervising 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 Requirements:**

The preceptor authorized medical physicist meets the requirements in 32 Ill. Adm. Code 335.9150 or 335.9160, or equivalent U.S. NRC or Agreement State requirements, for the following uses (**Check all that apply**):

- 335.7010 Sealed Source Brachytherapy     335.8010 Teletherapy unit(s)     335.8010 Afterloader unit(s)
- 335.7100 Ophthalmic use of Sr-90         335.8010 Gamma stereotactic radiosurgery unit(s)
- 335.2140, Emerging Technologies. Specify (e.g., Y-90 microspheres, IVB)

**Preceptor Certification:**

I attest that the proposed Authorized Medical Physicist identified on this form has satisfactorily completed the one year of full-time training in medical physics, an additional year of full-time work experience as required by 32 Ill. Adm. Code 335.9150(b) and is able to independently fulfill the radiation safety-related duties as an Authorized Medical Physicist for the uses identified in Part 2:

Preceptor Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Preceptor Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Attached is a copy of the preceptor's Radioactive Materials License or broad scope work permit identifying them as an Authorized Medical Physicist (or identify the IEMA-OHS license).

**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](mailto:Ema.speclic@Illinois.gov)