



**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 in accordance with the following parts:

- 32 Ill. Adm. Code 335.9030, **Training for Uptake, Dilution & Excretion diagnostic studies**
- 32 Ill. Adm. Code 335.9040, **Training for Imaging and Localization, Written Directive not required**
- 32 Ill. Adm. Code 335.9130, **Training for use of Sealed Sources for Diagnosis**
- 32 Ill. Adm. Code 335.9160, **Training for Experienced Authorized User**

**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):**

- Any in 32 Ill. Adm. Code 335.3010, Uptake, Dilution & Excretion diagnostic studies
- Any in 32 Ill. Adm. Code 335.4010, Imaging and Localization, Written Directive not required
- Any in 32 Ill. Adm. Code 335.6010, Use of Sealed Sources for Diagnosis

**Part 3. Authorization Pathway**

**Part 3A. Has the Proposed AU been Listed on a License or Permit for the 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**
- 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 of Instructional Set 52.2, Rev. 4, 2022). Skip Parts 3B, 3C, 3D, 4A and 4B. Complete Part 5 and Submit to IEMA-OHS.

**Part 3B. Is the AU currently authorized for use under 32 Ill. Adm. Code 335.5010 and seeking additional authorizations for use under 32 Ill. Adm. Code 335.4010?**

- No, the proposed AU is not currently authorized for use under 32 Ill. Adm. Code 335.5010 and seeking additional authorization for use under 32 Ill. Adm. Code 335.4010. Continue to Part 3C.  
**OR**
- The proposed AU is seeking authorization for use under 32 Ill. Adm. Code 335.4010 as an authorized user who meets the requirements of 32 Ill. Adm. Code 335.9050 and has the work experience eluting generators detailed in 335.9040(c)(1)(B)(vii). Attach the IEMA-OHS, U.S. NRC or Agreement State License identifying the AU; 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 of Instructional Set 52.2, Rev. 4, 2022). Skip Parts 3C, 3D and 4B. Complete Parts 4A and 5, submit to IEMA-OHS.

**Part 3C. Is the Proposed AU Certified by a Medical Specialty Board whose Certification Process has been recognized by the U.S. Nuclear Regulatory Commission?**

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

- No, the 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 of Instructional Set 52.2, Rev. 4, 2022). Skip Parts 3D, 4A and 4B. Complete Part 5 and submit to IEMA-OHS.

**Part 3D. Structured Training and Experience**

- Complete the table below, detailing training and work 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 of Instructional Set 52.2, Rev. 4, 2022). Skip Part 4A. Complete Parts 4B and 5, submit to IEMA-OHS.

**Classroom and Laboratory Training**

Required Training	Location of training	Clock Hours	Dates of Training
See 32 Ill. Adm. Code 335.9030(c)(1), 335.9040(c)(1)(A) and 335.9130(c)			

**Supervised Work Experience**

Required Work Experience	Location of training	Clock Hours	Dates of Training
See 32 Ill. Adm. Code 335.9030(c)(2), 335.9040(c)(1)(B) and 335.9130(d)			

**Part 4. Preceptor Attestations**

**Part 4A. Supervising Authorized User Attestation for Experience Eluting Generators**

Complete this section if the proposed AU is seeking additional authorization for use under 32 Ill. Adm. Code 335.4010 as an authorized user who currently meets the requirements of 32 Ill. Adm. Code 335.9050.

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.

Supervising Authorized User's Printed Name: \_\_\_\_\_

Name of Licensed Facility where Training Took Place: \_\_\_\_\_

License or Permit Number identifying the Supervising AU: \_\_\_\_\_

Amendment #: \_\_\_\_\_

Dates of Training / Experience eluting generators: \_\_\_\_\_

Supervising authorized user meets the requirements in 32 Ill. Adm. Code Section 335.9040, 335.9160 or 335.9150 together with 335.9040(c)(1)(B)(vii) (or equivalent U.S. NRC or Agreement State requirements).

The proposed authorized user has received training eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs.

**Part 4B. Preceptor Attestation for Structured Training and Experience**

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 requirements in 32 Ill. Adm. Code 335.9030(c)(3)(B) for Subpart D (3010) use or 32 Ill. Adm. Code 335.9040(c)(2)(B) for Subpart E (4010) use.

**OR**

A residency program director representing the consensus of a residency program which meets the requirements in 32 Ill. Adm. Code 335.9030(c)(3)(B) for Subpart D (3010) use or 32 Ill. Adm. Code 335.9040(c)(2)(B) for Subpart E (4010) use.

**Preceptor Certification (Select ONE and Certify):**

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

60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by 32 Ill. Adm. Code 335.9030(c), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 32 Ill. Adm. Code 335.3010.

**OR**

700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 32 Ill. Adm. Code 335.9040(c), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 32 Ill. Adm. Code sections 335.3010 and 335.4010.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Attached is a copy of the preceptor's Radioactive Materials License is attached (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)