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 335.9050, **Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required**
- 32 Ill. Adm. Code 335.9060, **Training for the Oral Administration of Sodium Iodide I-131 Requiring a Written Directive in Quantities Less Than or Equal to 1.22 GBq (33 mCi)**
- 32 Ill. Adm. Code 335.9070, **Training for the Oral Administration of Sodium Iodide I-131 Requiring a Written Directive in Quantities Greater Than 1.22 GBq (33 mCi)**
- 32 Ill. Adm. Code 335.9080, **Training for the Parenteral Administration of Unsealed Radioactive Material Requiring a Written Directive**
- 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. This form has been simplified to request the minimum amount of information necessary to process a licensee's request. 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 335.5010, Use of Unsealed Radioactive Material for Which a Written Directive is Required

OR

(Continued on Page 2)

☐ 32 Ill. Adm. Code 335.9060, Oral Administration of I-131 Requiring a Written Directive (≤ 33 mCi)
☐ 32 Ill. Adm. Code 335.9070, Oral Administration of I-131 Requiring a Written Directive (> 33 mCi)
☐ 32 Ill. Adm. Code 335.9080, Parenteral Administration of Unsealed Radioactive Material Requiring a Written Directive

Part 3. Authorization Pathway

Part 3A. Has the Proposed AU been Listed on a Radioactive Materials 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); **and**

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

Part 3B. 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 3C.

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**

☐ For 335.9050, provide documentation on supervised case experience. Table 3 in section 3D may be used to document this experience; **and**

☐ For 335.9080, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. Tables 1, 2 and 3 in section 3D may be used to document this experience. Complete Part 4 for 335.9080 authorization; **and**

☐ Skip Part 3C. If seeking authorization under 335.9050 or 9080, complete the applicable portions of Part 3D and Part 4 as detailed above. Complete Part 5 and submit to IEMA-OHS.

Part 3C. Is the Proposed AU currently authorized under 335.5010, 335.7010 or 335.8010 and seeking additional authorizations?

☐ No, the proposed AU is not seeking additional authorizations as an existing 5010/7010/8010 authorized user. Continue to Part 3D.

OR

☐ Yes, existing authorizations are indicated below and a copy of the Radioactive materials license listing the proposed authorized user is attached; **and**

☐ 335.9050 ☐ 335.9060 ☐ 335.9070 ☐ 335.9100 ☐ 335.9140

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☐ If currently authorized for a subset of clinical uses under 335.5010, documentation is attached on additional required supervised case experience. Table 3 in section 3D may be used to document this experience. If board certified, provide a copy of the certificate, complete Part 5, and submit to IEMA-OHS. If not board certified, then complete Parts 4 and 5 and submit to IEMA-OHS.

☐ If currently authorized under 335.9100 or 335.9140 and requesting authorization for 335.9080, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. Tables 1, 2 and 3 in section 3D may be used to document this experience. Complete Parts 4 and 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 5A 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 of Training	Clock Hours	Dates of Training
See 32 Ill. Adm. Code 335.9050(b)(1), 335.9060(c)(1), 335.9070(c)(1), and 335.9080(d)(1) as applicable.			

Part 3D. Table 2 - Supervised Work Experience

This part must be certified by the authorized user supervising the required work experience. The supervising authorized user must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Required Work Experience	Location of Experience	Clock Hours	Dates of Experience
See 32 Ill. Adm. Code 335.9050(b)(2), 335.9060(c)(2), 335.9070(c)(2), and 335.9080(d)(2)			

☐ As the supervising authorized user, I attest that the proposed authorized user has satisfactorily completed the required supervised work experience detailed above.

Printed name of supervising AU:

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

Supervising authorized user meets the requirements below, or equivalent U.S. NRC or Agreement State requirements: *(Check all that apply)*

☐ 335.9050
☐ 335.9060
☐ 335.9070
☐ 335.9080
☐ 335.9160

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 GBq (33 mCi)

☐ Oral NaI-131 in quantities greater than 1.22 GBq (33 mCi)

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Supervising AU Signature: _____ Date: _____

Part 3D. Table 3 - Supervised Clinical Case Experience

This part must be certified by the authorized user supervising the required clinical case work. The supervising authorized user must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

Proposed Authorized User's Required Clinical Casework	Location of Clinical Experience (Include License/Permit Number)	Dates of Training	Number of Cases Involving Personal Participation
Oral administration of I-131 requiring a written directive in quantities ≤ 1.22 GBq (33 millicuries)			
Oral administration of I-131 requiring a written directive in quantities > 1.22 GBq (33 millicuries)			

Part 3D. Table 3 - Supervised Clinical Case Experience *(Continued)*

Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.			

☐ As the supervising authorized user, I attest that the proposed authorized user has satisfactorily completed the required clinical case experience detailed above.

Supervising Authorized User's Printed Name:

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

Supervising authorized user meets the requirements below, or equivalent U.S. NRC or Agreement State requirements: *(Check all that apply)*

☐ 335.9050
☐ 335.9060
☐ 335.9070
☐ 335.9080
☐ 335.9160

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 GBq (33 mCi)

☐ Oral NaI-131 in quantities greater than 1.22 GBq (33 mCi)

☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Supervising AU Signature: _____ Date: _____

Part 4. Preceptor Attestations

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. By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

Preceptor Attestation is being provided by:

☐ A preceptor authorized user who meets the requirements in 32 Ill. Adm. Code 335.9050(b)(3)(A) for 9050, 9060(c)(3)(A) for 9060, 335.9070(c)(3)(A) for 9070, and/or 335.9080(d)(3)(A) for 9080.

OR

☐ A residency program director representing the consensus of a residency program which meets the requirements in 32 Ill. Adm. Code 335.9050(b)(3)(B) for 9050, 32 Ill. Adm. Code 335.9060(c)(3)(B) for 9060 use, 335.9070(c)(3)(B) for 9070 and/or 335.9080(d)(3)(B) for 9080.

Preceptor Certification (Select ONE and Certify):

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

☐ 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, required by 32 Ill. Adm. Code 335.9050(b), 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 335.5010. **(Full 5010 authorization)**

OR

☐ 80 hours of classroom and laboratory training, including the work experience under a qualified AU, required by 32 Ill. Adm. Code 335.9060(c), and is able to independently fulfill the radiation safety-related duties as an authorized user for the oral administration of less than or equal to 1.22 GBq (33 mCi) of I-131 for medical uses authorized under 32 Ill. Adm. Code sections 335.5010. **(5010, limited to administration of ≤ 33 mCi of I-131)**

OR

☐ 80 hours of classroom and laboratory training, including the work experience under a qualified AU, required by 32 Ill. Adm. Code 335.9070(c), and is able to independently fulfill the radiation safety-related duties as an authorized user for the oral administration of greater than 1.22 GBq (33 mCi) of I-131 for medical uses authorized under 32 Ill. Adm. Code sections 335.5010. **(5010, limited to oral administration of I-131)**

OR

☐ 80 hours of classroom and laboratory training, including the work experience under a qualified AU, required by 32 Ill. Adm. Code 335.9080(d), and is able to independently fulfill the radiation safety-related duties as an authorized user for the parenteral administration of unsealed radioactive material requiring a written directive. **(5010, limited to parenterals)**

Preceptor Signature: _____ Title: _____

Preceptor Printed Name: _____ Date: _____

Preceptor Telephone: _____ Email: _____

☐ Attached is a copy of the preceptor's Radioactive Materials License or broad scope permit is attached (or identification of 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