



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

OPHTHALMIC 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 ophthalmic physicists (OPs) in accordance with the following parts:

- 32 Ill. Adm. Code 335.7100, **Strontium-90 Sources for Ophthalmic Treatments**

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 5C 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 an individual currently identified on an Agency, U.S. NRC or Agreement State license as an ophthalmic physicist to begin work without first obtaining an amendment. Indicate if this form is providing notice of an OP 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 radioactive material license identifying the individual in Part 2 as an ophthalmic physicist 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 OP will work.

Licensee Name:

Radioactive Materials License Number: IL-

Part 2. Proposed Ophthalmic Physicist (OP) Information

Printed Name:

Part 3. Authorization Pathway

Part 3A. Has the individual been named as an OP on a Radioactive Material License or Permit?

No, the individual has not been listed as an OP on a radioactive material license or broad scope permit. Continue to Part 3B.

OR

Yes, a copy of the radioactive materials license or broad scope permit listing the individual as an OP (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 5C and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**

Skip Part 3B. Complete Part 4 and Submit to IEMA-OHS.

Part 3B. Structured Training and Experience Pathway

- Complete tables 1 and 2 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 and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**
- Complete Part 4 and submit to IEMA-OHS.

Part 3B. Table 1 – Classroom and Laboratory Training

Required Training	Location(s) of Training	Dates of Training
One year of full-time training in medical physics		

Part 3B. Table 2 – AMP 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.

Required Work Experience	Location(s) of Experience	Dates of Experience
One year of full-time work experience as detailed in 32 Ill. Adm. Code 335.7100(b)(3)		
Training as detailed in 32 Ill. Adm. Code 335.7100(b)(4)		

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 authorized user has successfully completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of a medical physicist.

License or Permit Number identifying the Supervising AMP: _____ Amendment #: _____

Supervising AMP’s Signature: _____

Supervising AMP’s Printed Name: _____ Date: _____

Part 4. 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