



**IEMA DIVISION OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704**

**RADIATION SAFETY OFFICER (RSO) OR ASSOCIATE RADIATION SAFETY OFFICER (ARSO)
TRAINING AND EXPERIENCE FORM**

Use this form to document training and experience for RSOs and ARSOs in accordance with the following parts:

- 32 Ill. Adm. Code 335.9010, **Training for Radiation Safety Officer and Associate Radiation Safety Officer**
- 32 Ill. Adm. Code 335.9160, **Training for Experienced Radiation Safety Officer**

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 6 and Appendix B of the Instructional Set 52.2 (Rev. 4, 2022) for additional information.

Part 1. Licensee Information

Provide Information on the Radioactive Materials License under which the Proposed RSO / ARSO will work.

Licensee Name:

Radioactive Materials License Number: IL-

Part 2. Proposed Radiation Safety Officer or Associate Radiation Safety Officer (RSO / ARSO) Information

Name:

Application for: RSO **OR** ARSO **OR** Both RSO and Authorized User (*submit separate AU Form*)

Requested Use (Mark all that apply):

- 32 Ill. Adm. Code 335.3010, Uptake, Dilution & Excretion diagnostic studies
- 32 Ill. Adm. Code 335.4010, Imaging and Localization, Written Directive not required
- 32 Ill. Adm. Code 335.5010, Use of Unsealed Radioactive Material for Which a Written Directive is Required
 - 335.5010, Limited to Oral Administration of I-131 Requiring a Written Directive (≤ 33 mCi)
 - 335.5010, Limited to Oral Administration of I-131 Requiring a Written Directive (> 33 mCi)
 - 335.5010, Limited to Parenteral Administration of Unsealed Radioactive Material Requiring a Written Directive
- 32 Ill. Adm. Code 335.6010, Use of Sealed Sources for Diagnosis
- 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, Emerging Technologies (*Including microspheres, IVB*).
 - Specify requested emerging technologies: _____
 - Seeking authorization to function as a member of the treatment team for Y-90 microsphere administrations

Part 3. Authorization Pathway

Part 3A. Has the individual been named as an RSO/ARSO on a Radioactive Material License for the same Requested Use?

- No, the individual has not been listed as an RSO/ARSO on a radioactive material license for the requested use. Continue to Part 3B.
OR
- Yes, a copy of the radioactive materials license listing the individual as the RSO / ARSO for the requested use (or US NRC or Agreement State equivalent) is attached; **and**
- If the license 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 6 and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**
- If already authorized for Y-90 microspheres, but now seeking new authorization to function as a member of the treatment team, utilize Table 3 in Section 3E to provide documentation on required manufacturer training; **and**
- Skip Parts 3B, 3C, 3D, 3E and 4. Complete Part 5 and Submit to IEMA.

Part 3B. Has the individual been listed as an Authorized User or Authorized Medical Physicist on a License or Permit for the Requested Use?

- No, the proposed RSO / ARSO has not been listed as an authorized user or authorized medical physicist on a radioactive material license or broad scope permit for the requested use. Continue to Part 3C.
OR
- Yes, a copy of the radioactive materials license or broad scope permit listing the proposed RSO / ARSO 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 6 and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**
- Utilize Table 3 in Section 3E to provide documentation on required radiation safety, regulatory issue and emergency procedure training; **and**
- Skip Parts 3C, 3D, 3E (*except for Table 3*) and Part 4. Complete Part 5 and submit to IEMA.

Part 3C. Is the individual currently listed as RSO/ARSO on a license and seeking the additional authorizations checked in Part 2?

- No, the proposed individual is not seeking additional authorizations as an existing RSO/ARSO. Continue to Part 3D.
OR
- Yes, the current RSO/ARSO is seeking authorization for the additional medical uses selected in Part 2; **and**
- Utilize Table 3 in Section 3E to provide documentation on required radiation safety, regulatory issue and emergency procedure training; **and**
- If board certified; attach a copy of the certificate. Skip Parts 3D, 3E (*except for Table 3*) and Part 4. Complete Part 5 and submit to IEMA.
- If not board certified, skip Parts 3D and 3E (*except for Table 3*). Complete Parts 4 and 5, submit to IEMA.

Part 3D. Is the Proposed RSO / ARSO Board Certified?

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

- No, the proposed RSO / ARSO is not certified by a medical specialty board whose certification process has been recognized by the US NRC. Continue to Part 3E.
- 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 6 and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**
- Utilize Table 3 in Section 3E to provide documentation on required radiation safety, regulatory issue and emergency procedure training; **and**
- Skip Part 3E (*except for Table 3*) and Part 4. Complete Part 5 and submit to IEMA.

Part 3E. 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 6 and Appendix B of Instructional Set 52.2, Rev. 4, 2022); **and**
- Complete Parts 4 and 5. Submit to IEMA.

Part 3E. Table 1 - Classroom and Laboratory Training

Required Training	Location of Training	Clock Hours	Dates of Training
See 32 Ill. Adm. Code 335.9010(b)(1)			

Part 3E. Table 2 - Supervised Work Experience

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

Proposed Authorized User's Required Work Experience	Location of Experience	Clock Hours	Dates of Experience
See 32 Ill. Adm. Code 335.9010(b)(2)			

As the supervising Radiation Safety Officer or Associate Radiation Safety Officer, I attest that the proposed individual has satisfactorily completed at least one year of full-time radiation safety experience as detailed above.

License or Permit Number identifying the Supervising RSO / ARSO: _____ Amendment #: _____

Signature of Supervising RSO/ARSO: _____ Phone: _____

Printed Name of Supervising RSO/ARSO: _____ Date: _____

Part 3E. Table 3 – Radiation Safety, Regulatory & Emergency Procedure Training			
This part must be completed by the supervising RSO, ARSO, AU, AMP or ANP who provided the training described in 32 Ill. Adm. Code 335.9010(f) for each requested medical use. The supervising individual must be authorized for the types of use for which the licensee is seeking approval. If more than one supervising individual is necessary to document training, provide multiple copies of this page.			
Select all medical uses for which the supervising individual is authorized	Select those medical uses for which training was provided by supervising individual	Medical Uses	
<input type="checkbox"/>	<input type="checkbox"/>	335.3010, Uptake, Dilution & Excretion diagnostic studies	
<input type="checkbox"/>	<input type="checkbox"/>	335.4010, Imaging and Localization, Written Directive not required	
<input type="checkbox"/>	<input type="checkbox"/>	335.5010, Use of Unsealed Radioactive Material for Which a Written Directive is Required	
<input type="checkbox"/>	<input type="checkbox"/>	335.5010, Limited to Oral Administration of I-131 Requiring a Written Directive ($\leq 33\text{mCi}$)	
<input type="checkbox"/>	<input type="checkbox"/>	335.5010, Limited to Oral Administration of I-131 Requiring a Written Directive ($>33\text{mCi}$)	
<input type="checkbox"/>	<input type="checkbox"/>	335.5010, Limited to Parenteral Administration of Unsealed Radioactive Material Requiring a Written Directive	
<input type="checkbox"/>	<input type="checkbox"/>	335.6010, Use of Sealed Sources for Diagnosis	
<input type="checkbox"/>	<input type="checkbox"/>	335.7010, Use of Sealed Sources for Brachytherapy	
<input type="checkbox"/>	<input type="checkbox"/>	335.8010, Use of a Sealed Source in Remote Afterloaders	
<input type="checkbox"/>	<input type="checkbox"/>	335.8010, Use of a Sealed Source in Teletherapy Units	
<input type="checkbox"/>	<input type="checkbox"/>	335.8010, Use of a Sealed Source in Gamma Stereotactic Units	
<input type="checkbox"/>	<input type="checkbox"/>	335.2140, Emerging Technologies (<i>Including microspheres, IVB</i>). Specify requested emerging technologies: _____	
		<input type="checkbox"/> NOTE: For Y-90 microspheres, if the RSO / ARSO is seeking authorization to function as a member of the licensee's microsphere treatment team, documentation indicating successful completion of manufacturer's training must be attached.	
<input type="checkbox"/> As the supervising individual, I attest that the proposed individual has satisfactorily completed training in radiation safety, regulatory issues and emergency procedures for the types of medical use identified above.			
Supervising Individual's Printed Name:			
Title (RSO/ARSO/AU/AMP/ANP):			
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 Certification (Select ONE and Certify):

I attest that the proposed Radiation Safety Officer / Associate Radiation Safety Officer listed on this form has satisfactorily completed a structured educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 32 Ill. Adm. Code 335.9010(b)(1) and (b)(2), and is able to independently fulfill the radiation safety-related duties as:

A Radiation Safety Officer for a medical use license

OR

An Associate Radiation Safety Officer for a medical use license

Continued on next page

Preceptor Certification (Continued):

Preceptor Signature: _____ Title: _____

Preceptor Printed Name: _____ Date: _____

Preceptor Telephone: _____ Email: _____

Attached is a copy of the preceptor's Radioactive Materials License identifying them as the Radiation Safety Officer or Associate Radiation Safety Officer (or identify the IEMA 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