



ILLINOIS EMERGENCY MANAGEMENT AGENCY

Application for Registration and Approval

Diagnostic Imaging Specialist

Therapeutic Radiological Physicist

1. The application must be complete and legible.
2. Application fee is \$200.00 payable to the Illinois Emergency Management Agency or IEMA.
3. Application fees are nonrefundable.
4. If you have questions, call 217-524-3504.

Social Security Number _____

Sex M__ F__ Birth date _____
mm/dd/yyyy

Name _____
Last First MI

Business Phone (____) _____ - _____

Address _____
Number and Street

Home Phone (____) _____ - _____

City State Zip

Email Address _____

Application is in the Category of

Check Certification and provide verification

- ___ Diagnostic Imaging Specialist
- ___ Diagnostic Imaging Specialist-Mammography
(See Part 370.70)
- ___ Therapeutic Radiological Physicist

- ___ American Board of Radiology
- ___ American Board of Medical Physics
- ___ American Board of Health Physics
- ___ Canadian College of Medical Physics

Board Speciality

Formal Education (provide verification)

- ___ Radiological Physics
- ___ Diagnostic Radiological Physics
- ___ Therapeutic Radiological Physics
- ___ Roentgen Ray and Gamma Ray Physics
- ___ X-Ray and Radium Physics
- ___ Other (describe)

Institution _____
 Major _____
 Dates Attended _____
 Degree _____

Experience

Based on your particular education and/or certification, experience in diagnostic x-ray survey and quality assurance (Q/A), x-ray radiation protection, or training in radiological physics may be required (see 32 Ill. Adm. Code 410.20). Indicate the name and location of each facility where you have obtained your experience. Begin with your present position and work backward. If additional space is needed, attach a separate sheet and follow the same format as outlined below.

Facility _____
 Address _____
 City State Zip

Length of time to be applied toward: years months
 X-Ray Radiation Protection _____
 Training in Radiological Physics _____
 Experience in Diagnostic X-Ray Survey & Q/A _____

Describe the nature of your experience, being as specific as possible. Provide a description of duties pertaining to one or more of the above experience categories (copy of job description may be included to supplement narrative).

Part 360.70 requires Diagnostic Imaging Specialists who perform radiation dose measurement and develop quality assurance procedures for CT systems to have specific contact hours of documented specialized training in conducting surveys of CT equipment. Please include documented training in conducting CT surveys with the application. (See Part 360.70 for required hours)

In accordance with 32 Ill. Adm. Code 410.30(b), I attest that I have access to instruments which will enable me to perform measurements and tests in accordance with the Department's standards. ___Yes ___No

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to Certify may result in a denial of the registration and making a false statement may subject you to contempt of court.
(5 ILCS 100/10-65) ___Yes ___No

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

Signature _____

Date _____

Send application and fee to:
Illinois Emergency Management Agency
Bureau of Radiation Safety
1035 Outer Park Drive
Springfield, IL 62704

217-524-3504
TDD: 217-782-6133
Web Site URL: <http://www.iema.illinois.gov>