ILLINOIS EMERGENCY MANAGEMENT AGENCY
DIVISION OF NUCLEAR SAFETY

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Print

Application for Registration as a Student-in-Training in Limited Radiography and/or Examination in Limited Radiography

1. The application must be complete and legible. Print or type all information.
2. Make funds payable to the Illinois Emergency Management Agency or IEMA.
3. Application fees are not refundable.
4. If you have any questions, please call 217-785-9913.

Social Security Number _____ - _____ - _____

Name _____
Last First MI

Address _____
Number & Street

_____
City State Zip

Sex: ☐ M ☐ F Birthdate ____/____/____

Business Telephone # ( ) _____

Home Telephone # ( ) _____

_____
Email

REASON FOR APPLICATION

☐ Registration as a student-in-training in limited radiography including application for initial exam.

Personal (in the room) supervision required by either a physician or accredited individual when X-Ray beam is energized.

Name and Address of Employer

Name _____

Address _____

City / Zip _____

Reg. # _____

Personal Supervision Provided By

☐ Physician ☐ Technologist

Name (s) _____

_____

_____

Endorsement of Employer/Trainer and Acknowledgement of Personal Supervision Requirement

_____ _____
Signature Date

☐ Application for examination/re-exam only

Check the appropriate categories for which you wish to be examined

☐ Chest ☐ Extremities

☐ Spine ☐ Skull and Sinuses

FOR OFFICE USE ONLY **CHECK#** **FEE RECEIVED**

(Rev. 2/07) #IEMA 114
(3633)

Month and year you wish to be examined: _____ month _____ year

Please allow approximately 3 weeks for scheduling exam.

Fee (enclosed) payable to IEMA

☐ **$100**

If you answer yes to any of the following questions, please provide a complete explanation on a separate sheet.

1. Have you been convicted of a felony? ☐ Yes ☐ No
2. Have you been denied or had a license/certification revoked? ☐ Yes ☐ No
3. Have you had a drug or alcohol abuse problem? ☐ Yes ☐ No
4. Do you have a mental or physical disability that, through the practice of your duties, may be dangerous to patients or the public? ☐ Yes ☐ No
5. Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission? ☐ Yes ☐ No

AGREEMENT

I do hereby agree to abide by all the applicable rules and regulations of the Illinois Emergency Management Agency, and declare that all the data appearing on this application is accurate and true to the best of my knowledge and authorize release of any or all educational information concerning the applicant to the Illinois Emergency Management Agency.

CERTIFICATION

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 renewal and making a false statement may subject you to contempt of court, 5 ILCS 100/10-65.

Signature of Applicant | Date Application Signed

VIOLATIONS

Any person who practices in Medical Radiation Technology without the appropriate accreditation or who otherwise violates any provision of the Radiation Protection Act of 1990 is guilty of a Class A misdemeanor, as prescribed by 420 ILCS 40/39.

FOR OFFICE USE ONLY | **REVIEWED BY**

BEFORE YOU MAIL YOUR APPLICATION:

1. Have all questions on the application been answered?
2. Is your application signed?
3. Have you enclosed your examination fee?

SEND TO:

Illinois Emergency Management Agency
Division of Nuclear Safety
Technology Accreditation Program
1035 Outer Park Drive
Springfield, Illinois 62704

217-785-9913
TDD: 217-782-6133
Website URL: http://www.iema.illinois.gov