

IEMA - Division of Nuclear Safety  
1035 Outer Park Drive  
Springfield, Illinois, 62704

TO: Applicants for Approval and Registration as  
Diagnostic Imaging Specialists and/or  
Therapeutic Radiological Physicists

FROM: Charles W. Gutzman, Supervisor  
Registration Unit

SUBJECT: Application and Related Information

Enclosed is the information you requested concerning approval and registration by the Agency as a Diagnostic Imaging Specialist (DIS) and/or as a Therapeutic Radiological Physicist (TRP). Please review the enclosed information carefully before submitting an application.

Return the completed application, education and experience documentation, and the \$200 application fee to the address listed at the top of this page. Your \$200 check, payable to the Illinois Emergency Management Agency, will also serve as a registration fee for the remainder of the calendar year. The application fee is nonrefundable.

You should receive notification of the results of our review within 30 days of our receipt of the application. If you have any questions, please contact me at 217/785-9921. You may also visit the Department's web site at [www.state.il.us/iema/dns.asp](http://www.state.il.us/iema/dns.asp) for additional information or to download copies of our regulations.



**PART II    CERTIFICATION**

Check appropriate boxes and provide verification (copy of each certificate)

**BOARD**

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

**BOARD SPECIALTY**

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

**PART III    CATEGORY**

Please note below the category for which you are applying. Specialists in mammography must meet the requirements of 32 Ill. Adm. Code 370.70(c), in addition to those of 32 Ill. Adm. Code 410.20. The information submitted on this application must be sufficient to demonstrate your qualifications for each category.

- Diagnostic Imaging Specialist
- Diagnostic Imaging Specialist - Mammography
- Therapeutic Radiological Physicist

**PART IV    FORMAL EDUCATION**

List below and provide verification (copies of diplomas for each degree received; transcripts may be submitted in lieu of diplomas)

INSTITUTION	MAJOR	DATES ATTENDED	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____







