**Section 401.APPENDIX E Example Letter of Agreement for Nuclear Medicine Advanced Associate**

Technologist Accreditation Program

Illinois Emergency Management Agency

1035 Outer Park Dr.

Springfield IL 62704

Re: (Name of Applicant)

To whom it may concern:

This letter is to serve as acknowledgement that (Name of Applicant) will be employed by (Name of Radiology Group or Facility) under my supervision. (Name of Applicant) will, as a nuclear medicine advanced associate, perform a variety of activities in the areas of patient care, patient management, clinical imaging and interventional procedures. It is also recognized that (he/she) may not interpret images, make diagnosis or prescribe medications or therapies.

I am a physician, licensed by the State of Illinois, whose name appears as an authorized user on Radioactive Materials License (License Number) issued by the Illinois Emergency Management Agency.

Sincerely,

Physician's Name (Typed)

(Source: Added at 37 Ill. Reg. 14008, effective August 22, 2013)