

December 21, 2004

U.S. Nuclear Regulatory Commission
Region I
Nuclear Materials Safety Branch
475 Allendale Road
King of Prussia, PA 19406-1415

03032995

04 DEC 27 AM 03:34

RECEIVED
REGION I

RE: Material License #24- 04206-01MD

Please Expedite Licensing Action

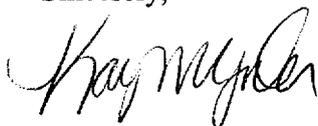
Dear License Reviewer:

Please amend the above reference material license to reflect the following modification:

Amend to add **Brandon Baker, R.Ph.** as an Authorized Nuclear Pharmacist to our material license. Mr. Baker has recently completed his didactic training and over 500 hours of "hands-on" training. The attached documents outline the training and experience pursuant to 10 CFR 35.980.

All other items relating to our material license and established Radiation Safety Program remain unchanged at this time. Please contact April Chance, Manager, Radiological Affairs at (314) 654-7960 for further information regarding this matter. Your prompt review and approval of this license modification is greatly appreciated.

Sincerely,



Kay M. Yoder
Director, Radiation, Environment, Safety & Health – Mallinckrodt Inc.

Attachment

- cc: B. Martin, R.Ph., Nuclear Pharmacy Manager (Harrisburg, PA)
B. Means, R.Ph., Radiation Safety Officer (Harrisburg, PA)
A. Chance, Manager, Radiological Affairs (Hazelwood, MO)
J. Schuh, Manager, EHS, Pharmacy Operations (Hazelwood, MO)

136092

NMSS/RGNI MATERIALS-002

**ATTACHMENT
DOCUMENTATION FOR BRANDON BAKER**

tyco
Healthcare

Mallinckrodt

Brad Martin
MBA, R.Ph., BCNP
Pharmacy Manager

Mallinckrodt Inc.
Suite A
4400 Lewis Road
Harrisburg, PA 17111

Tele: 717 558-8040
Fax: 717 558-8681

12-21-2004

Kay M. Yoder, Director, Environmental Health & Safety
Regulatory Compliance Department
Mallinckrodt Inc.
675 McDonnell Boulevard
P.O. Box 5840
St. Louis, MO 63134

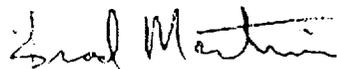
RE: Proposed Authorized Nuclear Pharmacist -- Brandon Baker, R.Ph.

Dear Kay:

Attached, please find documentation outlining the nuclear pharmacy training and experience received by Brandon Baker. Mr. Baker received his "on the job" nuclear pharmacy training and practical experience under my supervision during the period of 08-09-2004 to 12-03-2004.

Based on Mr. Baker's training and experience, as outlined in the attached documents, I confirm that he has achieved a level of competency sufficient to independently operate a nuclear pharmacy. I recommend elevating Brandon Baker, R.Ph. to the status of Authorized Nuclear Pharmacist in accordance with 10 CFR 32.72.

Sincerely,



Brad Martin, R.Ph, MBA, BCNP
Nuclear Pharmacy Manager

Attachments

**ATTACHMENT I
DIDACTIC TRAINING DOCUMENTATION**

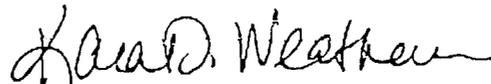
**Nuclear course documentation of hours
Course Certificate**

TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES*

Name: BRANDON C. BAKER

Location of Training	Date(s) of Attendance	Nuclear Pharmacy Certificate Program	Total Clock Hours of Course	Breakdown of Course Content in Clock Hours								
				Radiation Physics & Instrumentation		Radiation Protection		Math Pertaining to Radioactivity		Radiation Biology		Radiopharmaceutical Chemistry
				A	B	A	B	A	B	A	B	A
Purdue University		Video-Workbook	150	54		37		11		23		25
		On-Site	73	26		19		13		4		11
Column "A" refers to a Lecture/Laboratory Course			223	80		56		24		27		36
Column "B" refers to a Supervised Laboratory Experience			TOTAL HOURS	80		56		24		27		36

- This form is representative of that which is used to apply for an NRC license amendment for an authorized user.



Director, Nuclear Pharmacy Certificate Program

PURDUE UNIVERSITY

WEST LAFAYETTE, INDIANA

SCHOOL OF PHARMACY AND PHARMACAL SCIENCES

DEPARTMENT OF INDUSTRIAL AND PHYSICAL PHARMACY

DIVISION OF NUCLEAR PHARMACY

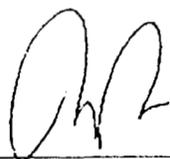
This certificate is awarded to

Brandon C. Baker

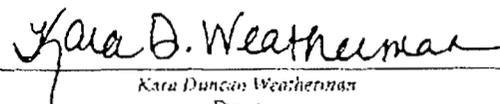
as evidence of completion of the

NUCLEAR PHARMACY CERTIFICATE PROGRAM

December 17, 2004



John M. Pezato
Dean, School of Pharmacy
and Pharmaceutical Sciences



Kara Duncan Weatherman
Director,
Nuclear Pharmacy Certificate Program

**ATTACHMENT II
PRACTICAL TRAINING DOCUMENTATION**

<u>Week of:</u>	<u>Hours:</u>
08-09	40
08-16	40
08-23	40
08-30	40
09-06	32
09-13	40
09-20	40
09-13	40
09-20	40
09-27	40
10-04	40
10-11	40
10-18	32
10-25	40
11-01	32
11-08	40
11-15	40
11-23	24
11-29	<u>40</u>
Total hours	640 hours

**ATTACHMENT III
NUCLEAR PHARMACIST LICENSE**

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

02 095273

License Type
Pharmacist

License Status
Active



Initial License Date
05/30/2002

BRANDON C BAKER

License Number

RP437633

Expiration Date
09/30/2006

Basil L. Weir
Commissioner of Professional and Occupational Affairs

[Signature]
Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.S. § 901

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

This is to acknowledge the receipt of your letter/application dated

12/21/2004, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 24-04206-0110
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136192.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02500
: Status Code: 0
: Fee Category: 3C 2B
: Exp. Date: 20130430
: Fee Comments: _____
: Decom Fin Assur Reqd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MALLINCKRODT, INC.
Received Date: 20041227
Docket No: 3032995
Control No.: 136192
License No.: 24-04206-01MD
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed M.A. Perkins
Date 12/27/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /___/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____