

 **Monongalia General Hospital**

March 16, 2005

U. S. Nuclear Regulatory Commission
Region II
Atlanta Federal Center
61 Forsyth St. S. W. Suite 25T85
Atlanta, GA 30303-3415

RE: Amendment to License

03010683

Radioactive Material License No: 47-16259-01, Monongalia General Hospital

Please add the following radiologists as authorized users:

Mark Hackney, MD

I have enclosed a copy of his preceptor forms as well as a copy of his ABR. Please list him as an authorized user for *35.100, 35.200, and 35.300.*

Please change the user authorizations for **Dr Jeffrey Yost** to list him as an authorized user at 35.300. I have enclosed a letter documenting his continuing experience.

RECEIVED
REGION I
MAR 24 09:56 '05

Sincerely,



Peggy Pust
Director of Imaging Services
Monongalia General Hospital

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT			
PART I -- TRAINING AND EXPERIENCE			
Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50) MARK Hackney MD, Authorized User			
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed WV			
3. CERTIFICATION			
Specialty Board	Category	Month and Year Certified	
American Board of Radiology	Diagnostic Radiology	11-04	
<i>Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.</i>			
4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
I-131	Hyperthyroidism	10	Burton	47-16259-01	Feb 2005

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION						
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)							
6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)							
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)				
7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING							
<input type="checkbox"/> YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision							
<input type="checkbox"/> N/A of _____ the RSO for License No. _____.							
8. MEDICAL PHYSICIST -- ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE							
<input type="checkbox"/> YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of							
<input type="checkbox"/> N/A _____ who meets requirements for Authorized Medical Physicists; and							
<input type="checkbox"/> YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____							
<input type="checkbox"/> N/A modality(ies) under the supervision of _____ who meets							
requirements for Authorized Medical Physicists for _____ modality(ies).							
9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS							
The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):							
A. Name of Supervisor _____	B. Supervisor is: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Authorized User</td> <td style="width: 50%;"><input type="checkbox"/> Authorized Medical Physicists</td> </tr> <tr> <td><input type="checkbox"/> Radiation Safety Officer</td> <td><input type="checkbox"/> Authorized Nuclear Pharmacists</td> </tr> </table>			<input type="checkbox"/> Authorized User	<input type="checkbox"/> Authorized Medical Physicists	<input type="checkbox"/> Radiation Safety Officer	<input type="checkbox"/> Authorized Nuclear Pharmacists
<input type="checkbox"/> Authorized User	<input type="checkbox"/> Authorized Medical Physicists						
<input type="checkbox"/> Radiation Safety Officer	<input type="checkbox"/> Authorized Nuclear Pharmacists						
C. Supervisor meets requirements of Part 35, Section(s) _____ for medical uses in Part 35, Section(s) _____.							
D. Address _____	E. Materials License Number _____						

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) 35.100, 35.200, 35.300

YES 11b. The individual named in Item 1. is competent to independently function as an authorized
 N/A User for Medical uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of items 11a and 11b and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of NRC
or equivalent Agreement State requirements to be a preceptor authorized User
for the following uses of byproduct material: 35.100, 35.200, 35.300

A. Address
Monongalia General Hospital
1200 JD Anderson Drive
Morgantown, WV 26505

B. Materials License Number
47-16259-01

C. NAME OF PRECEPTOR (print clearly)

Dennis M. Ruston, MD

D. SIGNATURE - PRECEPTOR



E. DATE

3/7/05

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Mark A. Hackney, MD

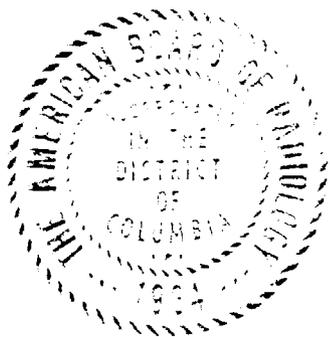
*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this eighth day of November, 2004

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

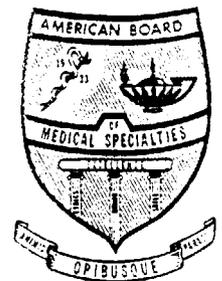
Diagnostic Radiology



Strom A. Licht, M.D.
President

Richard T. Hoppe MD
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Executive Director



Certificate No. 49881

Valid through 2014

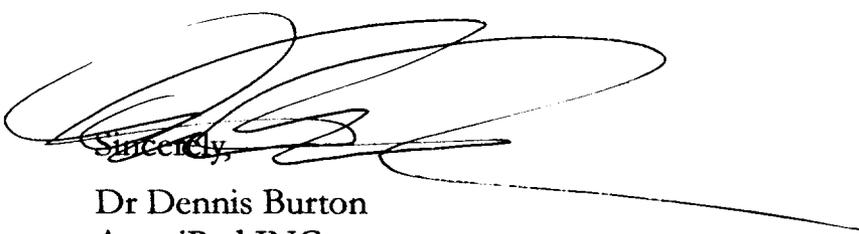
March 17, 2005

U. S. Nuclear Regulatory Commission
Region II
Atlanta Federal Center
61 Forsyth St. S. W. Suite 25T85
Atlanta, GA 30303-3415

RE: Continuing Experience of Dr. Jeffery Yost

Radioactive Material License No: 47-16259-01, Monongalia General Hospital

During the months of January and February 2005, Dr Jeffrey Yost has updated his continuing experience with regard to Nuclear I131 therapy doses for hyperthyroidism. He has reviewed greater than 10 cases with me to establish imaging and dose protocols. Please use this letter as supporting documentation of this experience and update his user authorizations for the license # 47-16259-01 Monongalia General Hospital.



Sincerely,

Dr Dennis Burton
AmeriRad INC
Medical Director/ Radiation Safety Officer
Monongalia General Hospital

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

3/16/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMG00. 47-16259-0
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 136758.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110831
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N

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LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: MONONGALIA GENERAL HOSPITAL
Received Date: 20050324
Docket No: 3010683
Control No.: 136758
License No.: 47-16259-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed *M. A. Perkins*
Date *4/10/2008*

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 _____