

Ernest F. Baldwin III, M.D.  
Internal Medicine  
Endocrinology & Metabolism

Thomas O. Dotson, M.D.  
Internal Medicine

Michael T. Hogan, M.D.  
Radiology

Jeffrey M. Graves, M.D.  
Internal Medicine

Brittain McJunkin, M.D.  
Internal Medicine  
Gastroenterology

Patrick L. Brown, M.D.  
Cardiology

*The Greenbrier Clinic*  
320 WEST MAIN STREET  
WHITE SULPHUR SPRINGS, WEST VIRGINIA 24986  
www.greenbrierclinic.com  
304-536-4870

RECEIVED  
REGION 1  
'05 APR 27 P 1:05

Douglas L. Jones, M.D.  
Internal Medicine  
Endocrinology & Metabolism

Thomas F. Mann, M.D.  
Internal Medicine

G. Robert Thompson, M.D.  
Internal Medicine

M. Suzanne Romeo, M.D.  
Internal Medicine

Donald R. Rollins, M.D.  
Internal Medicine,  
Pulmonary

April 26, 2005

To: U.S. NRC Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

Subject: Addition of Authorized Users 03036028  
License # 47-25597-01

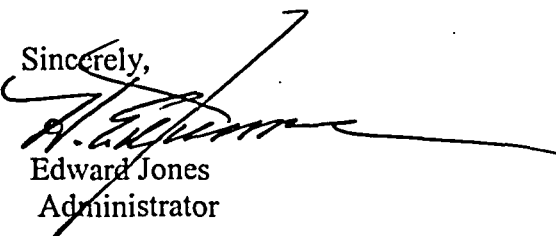
Dear Sir or Madame,

Please add the following physician to the Greenbrier Clinic, Inc. License # 47-25597-01 as Authorized User:

Patrick L Brown user in 10CFR 35.200  
Documentation of credentials and Preceptor statements included.

The above changes were approved at the Radiation Safety Committee meeting on February 15, 2005

Sincerely,

  
Edward Jones  
Administrator

136955  
NMSS/RGNI MATERIALS-002

WEST VIRGINIA BOARD OF MEDICINE

LICENSE NO. 09617

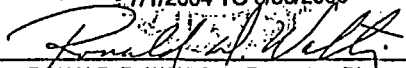
ISSUED 8/1/1972

THIS IS TO CERTIFY THAT THE LICENSE OF

PATRICK LEE BROWN, M.D.

TO PRACTICE MEDICINE AND SURGERY IN THE  
STATE OF WEST VIRGINIA HAS BEEN RENEWED FOR  
THE PERIOD OF

7/1/2004 TO 6/30/2006



RONALD D. WALTON, Executive Director

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005	
<b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT</b>					
<b>PART I -- TRAINING AND EXPERIENCE</b>					
<b>Note:</b> 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) Patrick L. Brown, MD, Authorized User, 35.290					
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed West Virginia					
<b>3. CERTIFICATION</b>					
<b>Specialty Board</b>		<b>Category</b>		<b>Month and Year Certified</b>	
<i>Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.</i>					
<b>4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>					
<b>Description of Training</b>		<b>Location</b>		<b>Clock Hours</b>	<b>Dates of Training</b>
Radiation Physics and Instrumentation		50 hour licensing course for physicians held by Associates in Medical Physics, LLC in Atlanta, GA		20	February 21-25, 2005
Radiation Protection		50 hour licensing course for physicians held by Associates in Medical Physics, LLC in Atlanta, GA		12	February 21-25, 2005
Mathematics Pertaining to the Use and Measurement of Radioactivity		50 hour licensing course for physicians held by Associates in Medical Physics, LLC in Atlanta, GA		6	February 21-25, 2005
Radiation Biology		50 hour licensing course for physicians held by Associates in Medical Physics, LLC in Atlanta, GA		4	February 21-25, 2005
Chemistry of Byproduct Material for Medical Use		50 hour licensing course for physicians held by Associates in Medical Physics, LLC in Atlanta, GA		10	February 21-25, 2005
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
Calculating, measuring, preparing, and administering dosages for patients	Kellie Gooding, MD	NRC 47-25597-01	3/2003-5/2004 50 hours
Calibrating Instruments and survey meter checks for proper function	Kellie Gooding, MD	NRC 47-25597-01	3/2003-5/2004 50 hours
Ordering, Receiving, and unpacking radioactive materials	Milan Kothari, MD	NRC 47-25597-01	3/2003-5/2004 50 hours
Safety procedures for safely containing spills and decontamination procedures	Milan Kothari, MD	NRC 47-25597-01	3/2003-5/2004 50 hours
Eluting generators (Mo/Tc), measuring and testing the eluate, and processing with reagent kits	Frank Bloe	Ohio permit 34-26645-02	2/21-25/2005 2 hours
Use of administrative controls to prevent a medical event involving the use of byproduct material	Milan Kothari, MD	NRC 47-25597-01	3/2003-5/2004 50 hours
			Total of >200 hours

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
99m-Tc	Cardiac Function	752 (rest)	Kellie Gooding, MD	NRC 47-25597-01	3/2000-3/2004 ~752 hours
99m Tc	Cardiac Function	752 (stress)	Kellie Gooding, MD	NRC 47-25597-01	3/2000- 3/2004 ~ 752 hours
Mo-99/Tc-99	Generator	1	Frank Bloe	Ohio 34-36645-01	2/21-25/2005 1 hour
Tc-99	Reagent Kit	1	Frank Bloe	Ohio 34-36645-01	2/21-25/2005 1 hour
					~1500 hours total experience

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)
Not Applicable			

**7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME TRAINING**

- YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_
- N/A

**8. MEDICAL PHYSICIST – ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE**

- YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of \_\_\_\_\_ who meets requirements for Authorized Medical Physicists; and
- N/A
- YES Completed 1-year of full-time work experience (for areas identified in item 5a) for \_\_\_\_\_ modality(ies) under the supervision of \_\_\_\_\_ who meets requirements for Authorized Medical Physicists for \_\_\_\_\_ modality(ies).
- N/A

**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 Kellie Gooding, MD
- B. Supervisor is:  
 Authorized User  
 Radiation Safety Officer  
 Authorized Medical Physicists  
 Authorized Nuclear Pharmacists
- C. Supervisor meets requirements of Part 35, Section(s) 190, 290, 390 for medical uses in Part 35, Section(s) 100, 200, 300
- D. Address The Greenbrier Clinic, Inc.  
320 West Main Street  
White Sulphur Springs, WV 24986  
(304) 536-4870 ext 228 (Nuclear Medicine)
- E. Materials License Number NRC License 47-25597-01

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) 290.

YES 11b. The individual named in item 1. is competent to independently function as an authorized  
 N/A User \_\_\_\_\_ for Diagnostic 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 10 CFR 35.190, 290, 390  
 or equivalent Agreement State requirements to be a preceptor authorized User \_\_\_\_\_  
 for the following uses of byproduct material: 10 CFR 35.100, 200, and 300

A. Address

The Greenbrier Clinic, Inc.  
 320 West Main Street  
 White Sulphur Springs, WV 24986  
 (304) 536-4870 ext 228 (Nuclear Medicine)

B. Materials License Number

NRC 47-25597-01

C. NAME OF PRECEPTOR (print clearly)  
 Kellie Gooding, MD

D. SIGNATURE – PRECEPTOR

*Kellie Gooding, MD*

E. DATE

4/20/05

**ASSOCIATES IN MEDICAL PHYSICS, LLC**  
A NATIONAL MEDICAL PHYSICS CONSULTING GROUP

**NATIONAL OFFICE:**  
5288 TRANSPORTATION BLVD.  
CLEVELAND, OH 44125



www.medphysics.com

PHONE: (216) 663-7000  
FAX: (216) 581-4361  
V M: (800) 709-4855

---

## Faculty Description Form

### Frank Bloe, DABSNM, DABMP

Title of Topic: Instrumentation

Qualifications: Board Certified in Nuclear Medicine Physics. Has lectured for 25 years in previous programs.

Disclosure: Member AMP

### Dan Kane, Licensed Medical Physicist

Title of Topic: Mathematics

Qualifications: Medical physics consultant for over 14 years. Author several peer reviewed articles. Licensed Medical Physicist. Licensed Radiation Safety Officer.

Disclosure: Member AMP

### Paul G. Johnson, M.S., DABHP

Title of Topic: Radiation Biology

Qualifications: M.S., Radiation Health, Certified Health Physicist, State of Ohio Certified Radiation Expert, Certified Nuclear Medicine Technologist.

Disclosure: Medical Physicist AMP

**Paul J. Early, DABR, DABSNM, DABMP**

**Title of Topic:** Physics, Computers & Cameras

**Qualifications:** Board Certified Physicists. Author of books, articles. National and international lecturer. Presented these lectures at programs since 1967.

**Disclosure:** Founder and former President of AMP. Radiation Safety Officer for Digirad.

**Ed Sims, MBA**

**Title of Topic:** NRC Regulations, Licensing

**Qualifications:** Several certifications and is licensed physicist in applicable states. Chief nuclear medicine technologist for 15 years prior to joining NMA, now Associates in Medical Physics, LLC. Consultant for more than 14 years.

**Disclosure:** Member AMP

**John Wood, Licensed Medical Physicist**

**Title of Topic:** Radiopharmacy

**Qualifications:** Several certifications and is licensed physicist in applicable states. Nuclear medicine technologist and applications specialist prior to joining NMA, now Associates in Medical Physics, LLC. Consultant for more than 14 years.

**Disclosure:** Member AMP



**TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

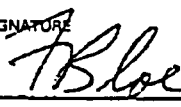
<p>1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER</p> <p align="center">Patrick L. Brown, M.D.</p>	<p>2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED</p>
---	---

3. CERTIFICATION		
SPECIALTY BOARD -A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	50 Hour Nuclear Licensing Course for Physicians held by Associates in Medical Physics LLC in Atlanta, GA on the following dates:	12	8
b. RADIATION PROTECTION	February 21-25, 2005	12	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	6	
d. RADIATION BIOLOGY	"	4	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	6	2

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE



PROPOSED PHYSICIAN USER <b>Patrick L. Brown, M.D.</b>			
PRECEPTOR STATEMENT (CONTINUED)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE <small>A</small>	CONDITIONS DIAGNOSED OR TREATED <small>B</small>	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION <small>C</small>	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.) D</small>
P-32 <i>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	X	
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT	X	
I-131	TREATMENT OF THYROID CARCINOMA	X	
	TREATMENT OF HYPERTHYROIDISM	X	
Au-198	INTRACAVITARY TREATMENT	X	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	X	
	INTRACAVITARY TREATMENT	X	
I-125 or Ir-192	INTERSTITIAL TREATMENT	X	
Co-60 or Cs-137	TELE THERAPY TREATMENT	X	
Sr-90	TREATMENT OF EYE DISEASE	X	
	RADIOPHARMACEUTICAL PREPARATION	X	
Mo-99/ Tc-99m	GENERATOR	1	
Sn-113/ In-113m	GENERATOR	X	
Tc-99m	REAGENT KITS	1	
Other	ALUMINA TESTING	X	
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION	DATES	CLOCK HOURS OF EXPERIENCE	
Associates in Medical Physics, LLC  Presented in Atlanta, GA	February 21-25, 2005	10	
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR <u>Frank Bloer</u>		7. PRECEPTOR'S NAME (Please type or print) Frank Bloer, DABSNM, DABMP	
b. NAME OF INSTITUTION <u>Associates in Medical Physics, LLC</u>		8. DATE February 25, 2005	
c. MAILING ADDRESS <u>5288 Transportation Boulevard</u>			
d. CITY <u>Cleveland, Ohio 44125</u>			
6. MATERIALS LICENSE NUMBER(S) <u>34-26645-02</u>			

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

4/26/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 47-25597-01  
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 136955.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)  
(8-96)

Sincerely,  
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02120  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20120831  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Reqd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: GREENBRIER CLINIC (THE)  
 Received Date: 20050427  
 Docket No.: 3036028  
 Control No.: 136955  
 License No.: 47-25597-01  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.:       /      

3. COMMENTS

Signed Rebecca J. Ford  
 Date 5/14/2005

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 \_\_\_\_\_