

June 7, 2005

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

RE: Material License #24-04206-01MD

03032995

2005 JUN 9 PM 1:52
RECEIVED
REGION I

Please Expedite Licensing Action

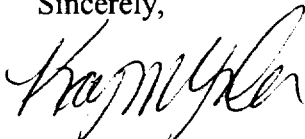
Dear License Reviewer:

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

Amend to add **Cynthia Posey, R.Ph.** as an Authorized Nuclear Pharmacist to our material license. Ms. Posey has completed her 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. Means, R.Ph., Radiation Safety Officer (Harrisburg, PA)
A. Chance, Manager, Radiological Affairs (Hazelwood, MO)
J. Schuh, Manager, EHS, Pharmacy Operations (Hazelwood, MO)

137184
NMSS/RGNI MATERIALS-002

**ATTACHMENT
DOCUMENTATION FOR CYNTHIA POSEY**

06-02-2005

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 – Cynthia Posey, R.Ph.

Dear Kay:

Attached, please find documentation outlining the nuclear pharmacy training and experience received by Cynthia Posey. Ms. Posey received her “on the job” nuclear pharmacy training and practical experience under my supervision during the period of 03-07-2005 to 06-02-2005.

Based on Ms. Posey’s training and experience, as outlined in the attached documents, I confirm that she has achieved a level of competency sufficient to independently operate a nuclear pharmacy. I recommend elevating Cynthia Posey, 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**

**ATTACHMENT II
PRACTICAL TRAINING DOCUMENTATION**

<u>Week of:</u>	<u>Hours:</u>
03-07	40
03-14	40
03-21	40
03-28	40
04-04	40
04-11	40
04-18	40
04-25	40
05-02	40
05-09	40
05-16	40
05-23	40
05-30	<u>32</u>
Total hours	520 hours

**ATTACHMENT III
NUCLEAR PHARMACIST LICENSE**

Pennsylvania Department of State Bureau of Professional and Occupational Affairs

License Verification



Person Information

Name: CYNTHIA L POSEY

Address(city,state zipcode) [REDACTED]

Employer Information

No Information Found

License Information

Type: Pharmacist

Secondary Type: N/A

Number: RP045806R

Profession: Pharmacy

Status: Active

Obtained By: Reciprocity

Issue Date: 7/28/2000

Expires: 9/30/2006

Last Renewed: 10/26/2004

Standing: This license is in good standing.

Disciplinary action history: No disciplinary actions were found for this license.

**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

6/7/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 24-04206-01MID
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 137184.
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: 02500
: Status Code: 0
: Fee Category: 3C 2B
: Exp. Date: 20130430
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MALLINCKRODT, INC.
Received Date: 20050609
Docket No: 3032995
Control No.: 137184
License No.: 24-04206-01MD
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *M. J. ...*
Date 6/13/2005

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 _____