

Pittsburgh Mercy Health System
1400 Locust Street
Pittsburgh, PA 15219-5166

412.232.0000 telephone
412.232.0000 facsimile

FACSIMILE

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37-01321-02
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TO: Entity Name: NRC
Facsimile Number: 610-337-5269
Attention: MR. CHRIS WOTT

FROM: PMHS Entity: Mercy Hospital Radiology Department
Address: 1400 Locust Street
Pittsburgh, PA 15219
Sender: Becky Volkman, Sr.
Phone Number: 412-232-7911
Facsimile Number: (412)232-5502

Date: 2-13-2006 Time Sent: 3:50 pm

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Important Notice

[REDACTED]



NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008**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 regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Barbara Bookser, BS, CNMT

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
- Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Community College of Allegheny County	84	8/03 - 8/04
Radiation Protection	Community College of Allegheny County	24	8/03 - 8/04
Mathematics Pertaining to the Use and Measurement of Radioactivity	Community College of Allegheny County	24	8/03 - 8/04
Radiation Biology	Community College of Allegheny County	24	8/03 - 8/04
Chemistry of Byproduct Material for Medical Use	Community College of Allegheny County	36	8/03 - 8/04
OTHER Applied Nuclear Medicine Technology (Includes Radiation Dosimetry)	Community College of Allegheny County	96	8/03 - 8/04

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MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Shipping, receiving, and performing related radiation surveys	Michael Dougherty, MD, RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 to present
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radioactivity	Michael Dougherty, MD, RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 to present
Securing and controlling byproduct material	Michael Dougherty, MD, RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 to present
Using administrative controls to avoid mistakes in the administration of byproduct material	Michael Dougherty, MD, RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 to present
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Michael Dougherty, MD, RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 to present
Using emergency procedures to control byproduct material and Disposing of byproduct material	Michael Dougherty, MD, RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 to present

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

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MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
See Attached Additional Training		

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	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)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- ☒ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
☐ N/A of Michael Dougherty, MD the RSO for License No. 37-01321-02

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
☐ N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- ☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
☐ N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

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MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**10. 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 Part 35, provide the following information for each):

A. Name of Supervisor

B. Supervisor is:

☐

Authorized User

☐

Authorized Medical Physicist

☐

Radiation Safety Officer

☐

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

for medical uses in Part 35, Section(s)

D. Address

E. Materials License Number

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

☒

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 50 (b) (d) (e), as documented in section(s) (i) (A-E) (ii) (A-G) of this form.

11b. Select one

☒

meets the requirements in ☒ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☐ 35.690(c) for types of use, as documented in section(s) see att of this form.

☐ N/A

11c.

☐

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

☐

has achieved a level of competency sufficient to function independently as an authorized uses (or units); **or**

☒

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

☐ N/A

11d.

☐

I am an Authorized Nuclear Pharmacist; **or** ☒ I am a Radiation Safety Officer; **or**

☐

I meet the requirements of section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor ☐ AU or ☐ AMP

for the following byproduct material uses (or units):

A. Address

B. Materials License Number

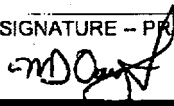
Mercy Hospital
1400 Locust Street
Pittsburgh, PA 15219

37-01321-02

C. NAME OF PRECEPTOR (print clearly)

Michael Dougherty, MD

D. SIGNATURE -- PRECEPTOR



E. DATE

2/13/06