

February 7, 2006

NMSB2

U.S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
Region I
King of Prussia, PA 19406

03031972

2006 FEB 15 PM 1:08

RECEIVED
REGION 1**RE: Amendment to Material License 29-28341-02MD**

Dear Sir/Madame

Please amend license condition 11.A to include the following individuals;

Arlene Lewin, R.Ph
Kevin McGuffy, R.Ph

Both individuals are registered pharmacists in the State of New Jersey and authorized nuclear pharmacist with certification in Nuclear Pharmacy from Purdue University. Enclosed are copies of Miss Lewin and Mr. McGuffy certificate, a synopsis of their training received at Purdue, documentation of their experience handling radionuclides and copies of their New Jersey pharmacist licensure letter.

Should you have additional question please feel free to contact me at 973-533-9109.

Sincerely,



Rose-Anne B. Duvigneaud, R.Ph
Radiation Safety Officer

138431

NMCB/RGN MATERIALS-002



January 19, 2006

Kevin McGuffey
GE Healthcare
1 Naylor Place
Livingston, NJ 07039

Dear Kevin:

We are pleased to provide the enclosed certificate to recognize formally your completion of the Nuclear Pharmacy Certificate Program. We enjoyed the brief opportunity to share our knowledge from the world of academia. We wish you the very best for a gratifying and successful professional career.

As you continue on in your career, please do not hesitate to let us know if we can be of any assistance to you – we consider you part of the "Purdue family" and we look forward to hearing from you in the future!

Sincerely,



Steve Piepenbrink, R.Ph., BCNP
Director of Nuclear Pharmacy Engagement
Division of Nuclear Pharmacy



Division of Nuclear Pharmacy, Department of Industrial and Physical Pharmacy

PURDUE UNIVERSITY
WEST LAFAYETTE, INDIANA

SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES
DEPARTMENT OF INDUSTRIAL AND PHYSICAL PHARMACY
DIVISION OF NUCLEAR PHARMACY

This certificate is awarded to

Kevin McGuffy

as evidence of completion of the

NUCLEAR PHARMACY CERTIFICATE PROGRAM

January 19, 2006



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



Stephen L. Piepenbrink
Director of Nuclear Pharmacy Engagement

TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES*

Name: George Tzortzis

Breakdown of Course Content in Clock Hours												
Location of Training	Date(s) of Attendance	Nuclear Pharmacy Certificate Program	Total Clock Hours of Course	Radiation Physics & Instrumentation		Radiation Protection		Math Pertaining to Radio-activity		Radiation Biology		Radio-pharmaceutical Chemistry
				A	B	A	B	A	B	A	B	
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

Documenting Experience Handling Radioisotopes
(Actual Use of Radioisotopes Under the Supervision of an Authorized User)

Name: Kevin McGuffy, RPh.

Isotope	Maximum amount used at one time	Where experience was gained	Duration of Experience (actual clock hrs)	Type of use (see key below)
Ba-133	150 uCi	GE Healthcare Livingston, NJ	25	1,2,4
Cs-137	170 uCi		25	1,2,4
Cr-51	300 uCi		25	1,3,4,5
Co-57	10 mCi		25	1,2,4,5
Ga-67	300 mCi		50	1,2,4,5
In-111	10 mCi		50	1,3,4,5
I-123	20 mCi		50	1,3,4,5
I-131	150 mCi		50	1,3,4,5
Mo-99	18 Ci		35	1,3,4,5
Sr-89	10 mCi		5	1,2,3,4,5
Tc-99m	18 Ci		200	1,2,3,4,5,6
Tl-201	300 mCi		65	1,3,4,5
Xe-133	700 mCi		35	1,3,4,5

Key for Type of Use

The number or numbers entered 'Type of Use' correspond to experience in the following activities:

1. Ordering, receiving and unpacking radioactive materials safely, including performing related radiation surveys.
2. Calibrating dose calibrators, scintillation detectors and survey meters.
3. Calculating, preparing and calibrating patient doses, including the proper use of radiation shields.
4. Following appropriate internal control procedures to prevent mislabeling errors.
5. Learning emergency procedures to handle and contain spilled materials safely, including related procedures for decontamination, surveys and wipe tests.
6. Eluting technetium-99m generator systems, assaying eluate for technetium-99m and molybdenum-99, and processing the eluate with reagents kits to prepare technetium-99m labeled radiopharmaceuticals.

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)

Kevin McGuffy RPh

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

NJ. USA

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

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

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Video, Workbook	54	9/05
	Purdue Univ on-site	26	12/05
Radiation Protection	Purdue Video	37	9/05
	Purdue Univ on-site	19	12/05
Mathematics Pertaining to the Use and Measurement of Radioactivity	Purdue Video	11	9/05
	Purdue Univ on-site	13	12/05
Radiation Biology	Purdue Video	23	9/05
	Purdue Univ on-site	4	12/05
Chemistry of Byproduct Material for Medical Use	Purdue Video	25	9/05
	Purdue Univ on-site	11	12/05
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
INCOMING RAM		NRC 29-28341-02	9/05-1/06
PACKAGE Check-in	R. DUVIGNEAUD	NJ 10355/01	70
PACKAGING RAM FOR Shipment	R. DUVIGNEAUD	NRC 29-28341-02	9/05-1/06
		NJ 10355/01	70
Kit preparation		NRC 29-28341-02	9/05-1/06
Dose calculation	R. DUVIGNEAUD	NJ 10355/01	200
Emergency Procedures		NRC 29-28341-02	9/05-1/06
FOR Spills + Decontamination	R. DUVIGNEAUD	NJ 10355/01	25
Tc99m Elution		NRC 29-28341-02	9/05-1/06
Quality Control	R. DUVIGNEAUD	NJ 10355/01	200
Instrument		NRC 29-28341-02	9/05-1/06
Calibration	R. DUVIGNEAUD	NJ 10355/01	25
Implement Internal Policies		NRC 29-28341-02	9/05-1/06
RE: Mislabeling + ERROR Prevention	R. DUVIGNEAUD	NJ 10355/01	50

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
Ba133	Instrument Calibration		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 25
Cs137	Instrument Calibration		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 25
Cr51	Patient Unit Doses		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 25
Co57	Instrument Calibration		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 25
GA67	Patient Unit Doses		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 50
IN111	Blood labeling Patient unit Doses		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 50
I123	Patient Unit Doses		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 50
I131	Patient Unit Doses		R. DUVIGNEAUD	LIVINGSTON NJ NRC 29-28341-02MD NJ 10355/01	9/05-12/05 50

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
Mo 99	Generator Elutions		R. Daigneaud	LIVINGSTON, NJ NRC 29-28341-02MB NJ 10355/01	9/05-12/05 35
Sr 89	Patient Unit Doses		R. Daigneaud	LIVINGSTON NJ NRC 29-28341-02MB NJ 10355/01	9/05-12/05 5
Tc99m	Kit Prep Unit Doses		R. Daigneaud	LIVINGSTON NJ NRC 29-28341-02MB NJ 10355/01	9/05-12/05 200
Tl201	Patient Unit Doses		R. Daigneaud	LIVINGSTON NJ NRC 29-28341-02MB NJ 10355/01	9/05-12/05 65
XE133	Dose Dispense		R. Daigneaud	LIVINGSTON NJ NRC 29-28341-02MB NJ 10355/01	9/05-12/05 35

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 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)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

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

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
☒ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
☒ N/A modality(ies) under the supervision of _____ who meets
requirements of 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

RoseAnne B. DuVigneault

B. Supervisor is:

☒ Authorized User☒ Radiation Safety Officer☐ Authorized Medical Physicist☐ Authorized Nuclear Pharmacist

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

for medical uses in Part 35, Section(s) _____

D. Address

GE Healthcare
1 Naylor PL
LIVINGSTON, NJ 07039

E. Materials License Number

NRC 29-28341-02MD
NJ 10355/01

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) _____

☐ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A _____ for _____ uses (or units).

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 _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses (or units) of byproduct material: _____

A. Address

GE HEALTHCARE
1 Naylor Place
Livingston, NJ 07039
973-533-9109

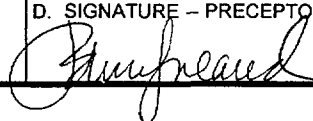
B. Materials License Number

NRC 29-28341-02MD
NJ 10355/01

C. NAME OF PRECEPTOR (print clearly)

Rose-Anne B. DUVIGNEAUD

D. SIGNATURE -- PRECEPTOR



E. DATE

2/7/06

PURDUE UNIVERSITY

WEST LAFAYETTE, INDIANA

SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES
DEPARTMENT OF INDUSTRIAL AND PHYSICAL PHARMACY
DIVISION OF NUCLEAR PHARMACY

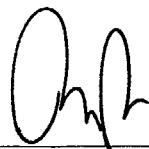
This certificate is awarded to

Arlene Lewin

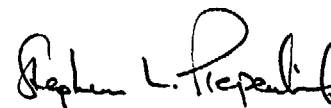
as evidence of completion of the

NUCLEAR PHARMACY CERTIFICATE PROGRAM

December 20, 2005



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




Stephen L. Piepenbrink
Director of Nuclear Pharmacy Engagement

TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES*

Name: Arlene Lewin

				Breakdown of Course Content in Clock Hours								
Location of Training	Date(s) of Attendance	Nuclear Pharmacy Certificate Program	Total Clock Hours of Course	Radiation Physics & Instrumentation		Radiation Protection		Math Pertaining to Radio-activity		Radiation Biology		Radio-pharmaceutical Chemistry
				A	B	A	B	A	B	A	B	
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

Documenting Experience Handling Radioisotopes
(Actual Use of Radioisotopes Under the Supervision of an Authorized User)

Name: Arlene Lewin, Rph.

Isotope	Maximum amount used at one time	Where experience was gained	Duration of Experience (actual clock hrs)	Type of use (see key below)
Ba-133	150 uCi	GE Healthcare Livingston, NJ	25	1,2,4
Cs-137	170 uCi		25	1,2,4
Cr-51	300 uCi		25	1,3,4,5
Co-57	10 mCi		25	1,2,4,5
Ga-67	300 mCi		60	1,2,4,5
In-111	10 mCi		45	1,3,4,5
I-123	20 mCi		50	1,3,4,5
I-131	150 mCi		50	1,3,4,5
Mo-99	18 Ci		30	1,3,4,5
Sr-89	10 mCi		5	1,2,3,4,5
Tc-99m	18 Ci		300	1,2,3,4,5,6
Tl-201	300 mCi		70	1,3,4,5
Xe-133	700 mCi		50	1,3,4,5

Key for Type of Use

The number or numbers entered 'Type of Use' correspond to experience in the following activities:

1. Ordering, receiving and unpacking radioactive materials safely, including performing related radiation surveys.
2. Calibrating dose calibrators, scintillation detectors and survey meters.
3. Calculating, preparing and calibrating patient doses, including the proper use of radiation shields.
4. Following appropriate internal control procedures to prevent mislabeling errors.
5. Learning emergency procedures to handle and contain spilled materials safely, including related procedures for decontamination, surveys and wipe tests.
6. Eluting technetium-99m generator systems, assaying eluate for technetium-99m and molybdenum-99, and processing the eluate with reagents kits to prepare technetium-99m labeled radiopharmaceuticals.

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)

Arlene Lewin RPh.

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

NJ. USA

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

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

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	VIDEO, WORKBOOK PURDUE UNIV ON-SITE	54 26	8/05 12/05
Radiation Protection	PURDUE VIDEO PURDUE UNIV ON-SITE	37 19	8/05 12/05
Mathematics Pertaining to the Use and Measurement of Radioactivity	PURDUE VIDEO PURDUE UNIV. ON-SITE	11 13	8/05 12/05
Radiation Biology	PURDUE VIDEO PURDUE UNIV. ON-SITE	23 4	8/05 12/05
Chemistry of Byproduct Material for Medical Use	PURDUE VIDEO PURDUE UNIV. ON-SITE	25 11	8/05 12/05
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
INCOMING RAM PACKAGE check-IN	Rose Anne DUVIGNEAUD	NRC 29-28341-02 NJ 10355/01	8/05 - 1/06 80
Packaging RAM FOR Shipment	R. DUVIGNEAUD	NRC 29-28341-02 NJ 10355/01	8/05 - 1/06 80
Kit Preparation Dose Calculation	R. DUVIGNEAUD	NRC 29-28341-02 NJ 10355/01	8/05 - 1/06 300 hrs
Emergency Procedures FOR spills + decontamination	R. DUVIGNEAUD	NRC 29-28341-02 NJ 10355/01	8/05 - 1/06 25
Tc99m Elution? Quality Control	R. DUVIGNEAUD	NRC 29-28341-02 NJ 10355/01	8/05 - 1/06 200 hrs
Instrument Calibration	R. DUVIGNEAUD	NRC 29-28341-02 NJ 10355/01	8/05 - 1/06 25
Implement Internal Policies RE: Mislabeling + ERROR prevention	R. DUVIGNEAUD	NRC 29-28341-02 NJ 10355/01	8/05 - 1/06 50

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
Ba 133	Instrument Calibration		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 25 hrs
Cs 137	Instrument Calibration		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 25 hrs
Cr 51	Patient Unit Doses		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 25 hrs
Co 57	Instrument Calibration		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 25 hrs
Ga 67	Patient Unit Doses		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 60 hrs
IN 111	Blood Labeling Patient unit Doses		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 45 hrs
I 123	Patient unit Doses		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 50 hrs
I 131	Patient Unit Doses		R. DUVIGNEAUD	LIVINGSTON, NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 50 hrs

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
Mo 99	Generator Elutions		R. DUWIGNEAUD	LIVINGSTON NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 30 hrs
Sr 89	Patient Unit Doses		R. DUWIGNEAUD	LIVINGSTON NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 5 hrs
Tc 99m	Kit Prep Unit Doses		R. DUWIGNEAUD	LIVINGSTON NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 30 hrs
Tl 201	Patient Unit Doses		R. DUWIGNEAUD	LIVINGSTON NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 70 hrs
Xe133	Dose Dispense		R. DUWIGNEAUD	LIVINGSTON NJ NRC 29-28341-02 MD NJ 10355/01	9/05 - 12/05 50 hrs

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 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)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

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

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
☒ N/A _____ who meets requirements for Authorized Medical Physicists; and

☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
☒ N/A modality(ies) under the supervision of _____ who meets
 requirements of 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:

ROSE ANNE B. DUVIENALD

☒ 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

GE HEALTHCARE
1 MAYLOW PLACE
LIVINGSTON, NJ 07039

E. Materials License Number

NRC 29 2834102MID
NJ 10355/01

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) _____.

☐ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☒ N/A _____ for _____ uses (or units).

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 _____
or equivalent Agreement State requirements to be a preceptor authorized _____

for the following uses (or units) of byproduct material: _____

A. Address

GE Healthcare
1 Naylor Place
Livingston NJ 07039

B. Materials License Number

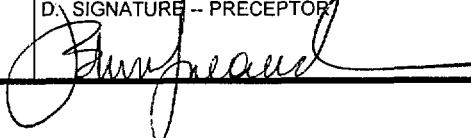
NRC 29-28341-02MD

NJ 10355 / 01

C. NAME OF PRECEPTOR (print clearly)

Rose Anne B. Duvigneaud

D. SIGNATURE -- PRECEPTOR



E. DATE

2/7/06

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

2/7/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-28341-02 MD
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** 138431.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.