

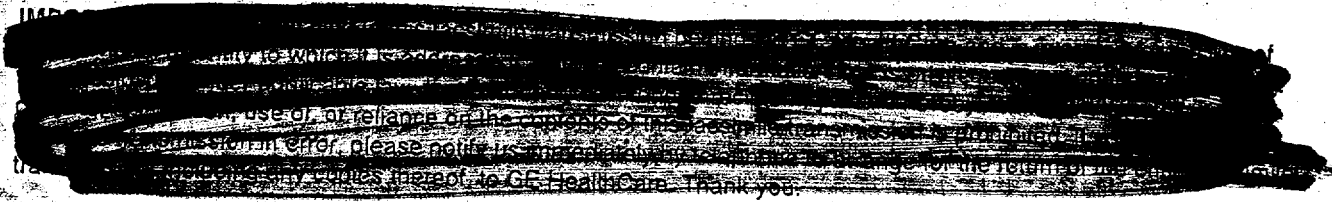
# GE Healthcare

H-Ø  
37-3022-01  
03035949

**Fax**

To: NAC	Fax:
Company: GEHC	Telephone: 610-337-5269
From: J. Hughes	Fax:
Date:	Telephone: 609-514-6647
	Number of pages: 5

Please add the following to  
 control # 138-204.  
 Have spoken to & sent a copy  
 to Bryan Parker.  
 Any question please call.



General Electric Company  
 Amersham plc  
 101 Carnegie Center  
 Princeton, NJ 08540  
 U.S.A.

T 609 514 6000  
 F 609 514 6695



138204  
 MISSOURI MATERIALS-002

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)

*BRYAN M. KELL*

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

*PENNSYLVANIA*

**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	<i>Purdue University</i>	<i>80</i>	<i>9/05 - 12/05</i>
Radiation Protection	<i>Purdue University</i>	<i>56</i>	<i>4/05 - 12/05</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>Purdue University</i>	<i>24</i>	<i>7-05 - 12/05</i>
Radiation Biology	<i>Purdue University</i>	<i>27</i>	<i>9-05 - 12/05</i>
Chemistry of Byproduct Material for Medical Use	<i>Purdue University</i>	<i>36</i>	<i>9-05 - 12/05</i>
OTHER			

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U.S. NUCLEAR REGULATORY COMMISSION

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
Kit preparation, Dose dispensing, WBC Preparation, Quality Control	Michael Ross	GE Healthcare Willesboro, PA 37-30722-01MD	8/05-1/06 600 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
Tc-99m	Kit prep / dose drawing	10,000 (+)	Michael Rossi	GE Healthcare Willesboro, PA	8/05-1/06
Tl-201	dose drawing	100	Michael Rossi	USNRC 37-30722-01MD	8/05-1/06
Fm-111	WBC labeling	10	Michael Rossi	DA DEP PA-0792	8/05-1/06
I-123	dispensing	300	Michael Rossi		8/05-1/06
I-131	dispensing	20	Michael Rossi		8/05-1/06
				Total Hours	600

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(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 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 of \_\_\_\_\_

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

Michael Ross

B. Supervisor is:

Authorized User

Radiation Safety Officer

Authorized Medical Physicist

Authorized Nuclear Pharmacist

*Board Cert. Field Nuc Pharmacist*

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

for medical uses in Part 35, Section(s) \_\_\_\_\_

D. Address

1067 Hanover Street  
Wilkes Barre, PA 18706

E. Materials License Number

37-30722-01 MD

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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 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.  
 N/A

YES    11a. The individual named in item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) \_\_\_\_\_  
 N/A

YES    11b. The individual named in item 1, is competent to independently function as an authorized \_\_\_\_\_ for \_\_\_\_\_ uses (or units).  
 N/A

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  
1067 Hanover Street  
W. Lakes Barre, PA 18706

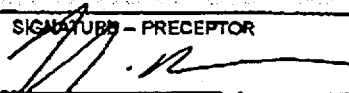
B. Materials License Number

37-36722-01 mb

C. NAME OF PRECEPTOR (print clearly)

Michael Ross:

D. SIGNATURE - PRECEPTOR



E. DATE

2/22/06