

# Culpeper

**Regional Hospital**

*Promoting health. Preserving community.*

NM581

4/13/2006

VIA FAX

(4 pages)

U. S. Nuclear Regulatory Commission  
Nuclear Materials Safety Section  
Region I  
475 Allendale Rd.  
King of Prussia, PA 19406

03020205

**RE:** Radioactive Materials License # 45-23040-01

Dear Sir/Madam:

Since I did not have the necessary information to add Dr. Erdag previously, I have included it with this letter

Please amend our license to reflect the following changes for Authorized Users:

Add: Namik Erdag, MD

Please contact me should there be any additional questions.

Thank you.

Sincerely,



Deborah B. Emerson  
Imaging Outcomes / Project Coordinator

cc: RSC (file)

501 Sunset Lane  
P.O. Box 592  
Culpeper, Virginia 22701  
Phone (540) 829 4100  
www.culpeperhospital.com

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NMSS/RONI MATERIALS-002

MAR-27-2006 17:43

VIRGINIA RADIOLOGY

703 361 2687

P.02/05

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2006

NRC FORM 312A  
(10-2002)

### 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)

**NAMIK ERDAG, M.D.**

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

**VIRGINIA**

#### 3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
<b>AMERICAN BOARD OF RADIOLOGY</b>	<b>DIAGNOSTIC RADIOLOGY</b>	<b>6/2005</b>

*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	Radiation 200 for Diagnostic Physicians <b>NORWALK HOSPITAL 24 STEVENS STREET</b>	50	<b>2/14/02 - 6/30/05</b>
Radiation Protection	<b>NORWALK, CT 06858</b>	50	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	50	"
Radiation Biology	"	50	"
Chemistry of Byproduct Material for Medical Use	"	50	"
OTHER			

NRC FORM 312A (10-2002)

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PAGE 2

NRC FORM 310A  
(10-2005)

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Material's License Number	Dates and Clock Hours of Experience
Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys.	EDWARD STRAUSS, MD	See item 9	7/16/05 6/30/05 100
Calibrating instruments used to determine the activity of dosages and performing checks for proper operation of survey meters.			100
Calculating, measuring, and safely preparing patient or human research subject dosages			50
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material			50
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures.			100
Administering dosages of radioactive drugs to patients or human research subjects			50
Eluting generators, measuring and testing the eluate, and processing the eluate with reagent kits to prepare labeled radioactive drugs.			
			Total > 700 hours

5b. SUPERVISED CLINICAL CASE EXPERIENCE - N/A

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Material's License Number	Dates and Clock Hours of Experience
na					
<sup>131</sup> I	Heart/thyroid	12	ED. STRAUSS MD		780
"	Ca	5	"		"
<sup>99m</sup> Tc	Dx	800	"		"
<sup>67</sup> Ga	"	50	"		"

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 3134  
(10-2003)

### TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

**6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicists)**

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)
N/A <i>Diagnostic Radiology</i>	<i>Norwalk Hospital Diagnostic Radiology NRC # 06-06941-01</i>	<i>7/16/02 - 6/30/05</i>	<i>ACGME</i>

**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: EDWARD STRAUSS, MD      Supervisor is:

Authorized User       Authorized Medical Physicist  
 Radiation Safety Officer       Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.290  
for medical uses in Part 35, Section(s) 35.100 and 35.200 35.300

D. Address: NORWALK HOSPITAL  
24 STEVENS STREET  
NORWALK, CT 06858

E. Materials License Number: NRC 06-06941-01

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

4/13/2006, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-23040-01  
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

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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** 138710.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.