

FACSIMILE COVER SHEET

DATE: 4-25-2004
TO: Toye Simons
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Total Number of Pages: 2 e comm
FROM: Alan McPerson
Comments: _____

Person Room

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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: Dr. Mohammed Murtaza M.D., FACC

11a. has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____ as documented in section(s) _____ 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) _____ 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 USER for 10 CFR 35.200 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 10 CFR 35.299 & 35.57 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): 10 CFR 35.200 limited to Cardiovascular Clinical procedures

A. Address Branson Heart Center
1150 State Hwy 248
Branson, MO 65616
B. Materials License Number 24-32116-01

C. NAME OF PRECEPTOR (print clearly) JOSEPH C. DUYER, M.D.
D. SIGNATURE - PRECEPTOR Joseph C. Doyer, M.D.
E. DATE 4/25/06