

NMSB1

May 15, 2006

RE: Amendment to NRC License number 37-30654-01

03035771

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

RECEIVED
REGION I
2006 MAY 22 PM 1:23

To Whom It May Concern:

We would like to amend our Materials License to reflect the following changes...

- Add the following individual to our license

	Individual	Previous experience, license number, etc.	Requested Uses
Authorized User	Shervin Dean, M.D.	Refer to attached – training and experience	35.100, 35.200, 35.300

Dr. Dean has meet the training requirements referenced in NRC regulation 35.190, 35.290, 35.392 and has obtained written attestation, signed by a preceptor authorized user (see attached).

If you require any additional information concerning this amendment request, please contact our consultant physicist, Doug Heim at (570) 452-6475.

Sincerely,

Paul DeLoia, Jr.
CEO

138890

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Sherwin Christopher Dean, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this eighth day of June, 2005

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Sherwin Dean, MD</i>	2. STATES OR TERRITORIES IN WHICH LICENSED TO PRACTICE MEDICINE
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3. CERTIFICATION		
Specialty Board A	Category B	Month & Year Certified C
<i>American Board of Radiology</i>	<i>Diagnostic Radiology</i>	<i>June 2005</i>

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
Field of Training A	Location and Date(s) of Training B	Type & Length of Training	
		Lecture/ Laboratory Courses (Hours) C	Supervised Laboratory Experience (Hours) D
a. Radiation Physics and Instrumentation	<i>DHMC</i>	<i>25</i>	<i>75</i>
b. Radiation Protection		<i>6</i>	<i>24</i>
c. Mathematics Pertaining to the Use and Measurement of Radioactivity		<i>5</i>	<i>15</i>
d. Radiation Biology		<i>5</i>	<i>15</i>
e. Radiopharmaceutical Chemistry		<i>2</i>	<i>30</i>

5. EXPERIENCE WITH RADIATION				
(Actual use of Radioisotopes or Equivalent Experience)				
Isotope	Maximum Amount	Where Experience Was Gained	Duration of Experience	Type of Use
<i>In-111</i>	<i>0.5 mCi</i>	<i>DHMC</i>		<i>WBC, Cisternography, osteoscan.</i>
<i>Tl-201</i>	<i>4</i>			<i>cardiac, tumor</i>
<i>Ga-67</i>	<i>10</i>			<i>tumor</i>
<i>F-18</i>	<i>29</i>			<i>thyroid-Dx + Rx</i>
<i>F-123</i>	<i>0.3</i>			<i>thyroid-Dx</i>
<i>Tc-99m</i>	<i>800</i>			<i>kit prep, elution</i>

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS			KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radiotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
FULL NAME <i>Sherrin C. Dean</i>			
STREET ADDRESS <i>1130 Creek Rd</i>			
CITY <i>Carlisle</i>	STATE <i>PA</i>	ZIP CODE <i>17013</i>	

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	<i>133</i>	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	<i>0</i>	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
IN VITRO STUDIES			
OTHER	<i>MIBG</i>	<i>7</i>	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	<i>8440</i>	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING	<i>96</i>	
	CARDIAC IMAGING	<i>856</i>	
	THYROID IMAGING	<i>44</i>	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	<i>78</i>	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	<i>1</i>	
	LUNG IMAGING	<i>22</i>	
BONE IMAGING	<i>532</i>		
OTHER	<i>Marrow</i>	<i>6</i>	

*Gastric emptying
Lymphoscintigraphy
neckles*

Page 5
*61
152
3*

*Parathyroid - 38
Ranged 97
VLU 10*

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	33	
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	10	
Other F-18	FDG PET	335	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

July 2001 - June 2005

1000 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		6. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Alan Siegel		[Signature]	
b. NAME OF INSTITUTION Dartmouth Hitchcock		7. PRECEPTOR'S NAME (Please type or print)	
c. MAILING ADDRESS 1 Medical Center Dr.		Alan Siegel MD	
d. CITY Lebanon, NH 03756		8. DATE	
5. MATERIALS LICENSE NUMBER(S) 130 R		3/31/06	

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

5/15/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Attn: 37-30654-C1 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 138890.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.