



Fax

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To: <u>NRC</u>	From: <u>Michelle</u>
Fax: <u>630.829.9873</u>	Pages: <u>2</u>
Phone:	Date: <u>6/9/06</u>
Re: <u>Amendment.</u>	CC:

Urgent For Review Please Comment Please Reply Please Recycle

- Please remove Dr. Deskosier from Amendment, we will not add him for 35.300.
- Please see 11c. → The [X] is added. Please call if you need anything else.

Thanks
Michelle

(C) 765 479.1028
(D) 765 446.5228

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NRC FORM 313A
(10-2003)

U.S. NUCLEAR REGULATORY COMMISSION

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

Alexander G. Boutselis, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.50, 35.190, 35.290, 35.390

for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300

D. Address

Healthcare Specialists of N. Central Indiana
3801 Amelia Ave., Suite A
Lafayette, Indiana 47905

E. Materials License Number

13-32273-01

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:

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) 6.c. & 6. of this form.

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 _____ for _____ 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 _____ 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): _____

A. Address

Healthcare Specialists of N. Central Indiana
3801 Amelia Ave Suite A
Lafayette, Indiana 47905

B. Materials License Number

13-32273-01

C. NAME OF PRECEPTOR (print clearly)

Alexander G. Boutselis, M.D.

D. SIGNATURE - PRECEPTOR

Alexander G. Boutselis

E. DATE

4/30/06

PAGE 4