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Fax Transmission

To: JIM MONTGOMERY USNRC

Department/Location: _____

Fax Number: 926 673 0112

Comments: Preceptor material
for adding Rod Hammer to
St. Luke's NRC license for
HDR -

From: Rod Hammer / Jeff Fairbank

Date Transmitted: 6/27/06

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470976

THE REGENTS OF THE

University of California

ON THE NOMINATION OF THE
COUNCIL OF THE GRADUATE DIVISION, LOS ANGELES
HAVE CONFERRED UPON

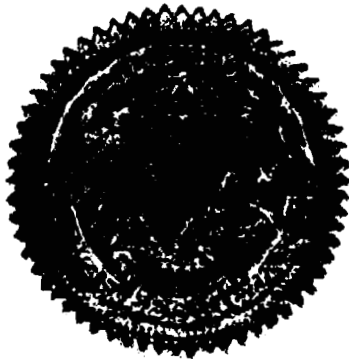
RODNEY JOSEPH WIMMER

WHO HAS PROVED HIS ABILITY BY ORIGINAL RESEARCH
IN MEDICAL PHYSICS
THE DEGREE OF DOCTOR OF PHILOSOPHY
WITH ALL THE RIGHTS AND PRIVILEGES THERETO PERTAINING

GIVEN AT LOS ANGELES
THIS TWENTY-SIXTH DAY OF MARCH IN THE YEAR
NINETEEN HUNDRED AND SEVENTY-SIX

Edward G. Brown
GOVERNOR OF CALIFORNIA AND
PRESIDENT OF THE REGENTS

David S. Saxon
PRESIDENT OF THE UNIVERSITY



Paul R. Johnson
CHANCELLOR AT LOS ANGELES

James E. Phillips
DEAN OF THE GRADUATE DIVISION
LOS ANGELES

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
and the American Society of Therapeutic Radiologists
Hereby certifies that*

Rodney Joseph Wimmer, Ph.D.

*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 seventh day of June, 1980

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

Radiological Physics

E. Richard Lipp
Secretary

C. Allen Good
Secretary



NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
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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 regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Rodney Wimmer, PhD

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

- 3. CERTIFICATION**
- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
 - b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G), 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
 - c. Provide completed Part II Preceptor Attestation, items 11a through 11d.
- Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

- 4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**
- a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)
 - b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
 - c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

NRC FORM 513A 10-2005		U.S. NUCLEAR REGULATORY COMMISSION			
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION					
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience		
High dose rate afterloader brachytherapy	Jeff Fairbanks, PhD	St Lukes 11-27312-01	3/2002 - 6/2006		
I-125 prostate seed implants	Jeff Fairbanks	St Lukes 11-27312-01	3/2002 to 6/2006		
6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)					
Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-192	HDR	12	Jeff Fairbanks, PhD	St Lukes 11-27312-01	3/2002 - 6/2006
I-125	seed implant	20	Jeff Fairbanks, PhD	St Lukes 11-27312-01	3/2002 - 6/2006

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(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(a), 35.51(c), 35.580(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
MDT brachytherapy	supervised	St Luke's 3/2002 - 6/2004
I-125 seed implants	supervised	St Luke's 3/2002 - 6/2004

* Types of training may include supervised (complete item 10 for 35.50(a), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

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 35.400)

8. RADIATION SAFETY OFFICER (RSO) - ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
 N/A of _____ the RSO for License No. _____

9. MEDICAL PHYSICIST - ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of Jeff Fairbanks, PhD who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) MDT seed implants under the supervision of Jeff Fairbanks, PhD who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) MDT seed implants

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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

Jeff Fairbanks, PhD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.51, 35.59

for medical uses in Part 35, Section(s) F, H

D. Address

520 S. Eagle Rd
Meridian, ID 83642

E. Materials License Number

11-27312-01

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 uses, as documented in section(s) _____ 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 license; **OR**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **OR** I am a Radiation Safety Officer; **OR**

I meet the requirements of 35.51, 35.59 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): HDR, seed implants

A. Address

520 S. Eagle Rd
Meridian, ID 83642

B. Materials License Number

11-27312-01

C. NAME OF PRECEPTOR (print clearly)

Jeff Fairbanks, PhD

D. SIGNATURE - PRECEPTOR

[Signature]

E. DATE

6/27/06

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