

**SAINT BARNABAS**  
**HEALTH CARE SYSTEM**  
*Kimball Medical Center*

ALBERT R. GAMPER, JR.  
Chairman  
Saint Barnabas Health Care System

RONALD J. DEL MAURO  
President and Chief Executive Officer  
Saint Barnabas Health Care System

JOE HICKS  
Executive Director  
Kimball Medical Center

United States Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

*Br. 1*

2006 JUL 26 AM 11:06

RECEIVED  
REGION I

July 19, 2006

Attention: Medical Licensing Division

Re: Materials License 29-14017-01 *03001980*

Dear Sir or Madam:

Kimball Medical Center wishes to amend its NRC materials license referenced above.

We would like to add Alex Langman, MD, as an authorized user under 10CFR35.100 and 200. The attestation form 313A for Dr. Langman is enclosed.

If you have any questions or require additional information, please do not hesitate to contact myself or our consultant Medical Physicist, Karen Wheeler, M.S., at (908) 788-9440 ext. 45.

Sincerely,



Joe Hicks  
Executive Director  
Kimball Medical Center



*139187*

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

**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)

ALEX LANGMAN, M.D.

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	Montefiore Med. Center 111 EAST 210 ST. BROOK, NY 10467	200	7/98-6/02
Radiation Protection	"	150	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	150	"
Radiation Biology	"	100	"
Chemistry of Byproduct Material for Medical Use	"	50	"
OTHER			<del>---</del>

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
Resident in Diagnostic Radiology at Montefiore Med. Center - Bronx, NY	LEONARD M. FREEMAN, MD	BRONX, NY NY City License # 75-28805-1	7/98-6/02 1000 clock Hours

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
<sup>123</sup> I	-Thyroid	128	LEONARD FREEMAN, MD	Montefiore Med. Center NY City # 75-2885-01	1000 HRS DURING TRAINING
<sup>131</sup> I	-Therapy -Thyroid	17			
<sup>99m</sup> Tc	-LUNG Perfusion LUNG Ventilation myocardial perfusion Bone BRAIN Hepatobiliary Liver/Spleen Blood Pool	140 140 280 400 35 120 45 210	"	"	"
<sup>67</sup> Ga	-Infection/Tumor imaging	75	"	"	"
<sup>111</sup> In	-Infection ANTIBODY imaging	65	"	"	"
<sup>201</sup> Tl	myocardial perfusion	280	"	"	N

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
1000 HOURS DURING DIAGNOSTIC RADIOLOGY Residency	DIAGNOSTIC RA 010/09	Montefiore Med. Center 111 EAST 210 ST. BRONX, NY 10467

\* Types of training may include supervised (complete item 10 for 35.50(e), 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 35.490)
Residency in DIAGNOSTIC RADIOLOGY	NYC License 75-28805-01	7/98-6/02	ACGME

**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 of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

N/A

**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 \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

N/A

**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) \_\_\_\_\_ under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

N/A

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:

LEONARD M. FREEMAN, MD

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

DEPT. OF NUCLEAR MEDICINE  
MONTEFIORE MED. CENTER  
111 EAST 210 ST.  
BRONX, NY 10467

E. Materials License Number

NY CITY #  
75-2885-1

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.

CONFORMS TO NYC ARTICLE  
175.01 - 175.116 OF THE  
RULES OF NY  
CITY

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 OF

RADIOPHARMACEUTICALS

for General Diagnostic + Therapeutic (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): NYC CITY # 75-2885-01

A. Address

111 EAST 210 ST  
BRONX, NY 10467

B. Materials License Number

NYC # 75-2885-01

C. NAME OF PRECEPTOR (print clearly)

LEONARD M. FREEMAN MD

D. SIGNATURE -- PRECEPTOR

*Leonard M. Freeman*

E. DATE

3/6/06

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

7/19/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-14017-01  
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 139187.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.