

RICHARD F. TERRY, M.D., INC.
RICHARD F. TERRY, M.D., FACC, FCCP
VERA BARTON-CARO, MSN, C-FNP
JAY D. SHRAY, PA-C
CARDIOVASCULAR DISEASE
THE HEART FAILURE CLINIC OF WHEELING

111 PARK VIEW LANE, SUITE 202 • WHEELING, WV 26003 • (304) 242-4700 • FAX (304) 242-7012

August 25, 2006

Br.2

US NRC Region I
475 Allendale Road
King of Prussia, PA 19406-1415

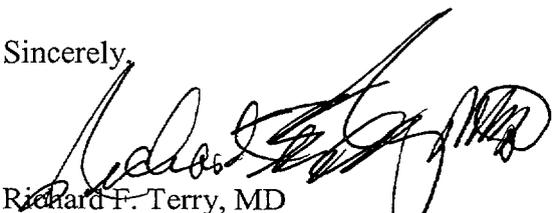
RE: Amendment to license #47-25637-01 *03036406*

To whom it may concern:

Upon approval of Dr. Richard F. Terry's RSO status, please amend our radioactive materials license to add Richard F. Terry, MD, as the RSO, and delete Chuck Rose as RSO. A copy of our materials license is attached for your review.

Thank you for your attention in this matter.

Sincerely,


Richard F. Terry, MD
Authorized User NRC License #47-25637-01
President,
Richard F. Terry, MD, INC.

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NMSS/RGNI MATERIALS-C02

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 regulations (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)

Richard F. Terry, M.D. as RSO

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed
West Virginia

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 PHYSICIST (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	Associates in Medical Physics, LLC 5288 Transportation Blvd Cleveland, OH 44125	20 16	February 21-25, 2005 September 9-11, 2005
Radiation Protection	February course conducted in Atlanta, GA	12 12	February 21-25, 2005 September 9-11, 2005
Mathematics Pertaining to the Use and Measurement of Radioactivity	September course conducted in Cleveland, OH	6 2	February 21-25, 2005 September 9-11, 2005
Radiation Biology		4	February 21-25, 2005
Chemistry of Byproduct Material for Medical Use		8*	February 21-25, 2005
OTHER	* Includes hands on experience in Mo-99/Tc-99m generator elution, kit preparations and alumina breakthrough analysis, while being supervised in a radiopharmacy.		

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

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 Clock Hours of Experience

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
Training in radiation safety, regulatory requirements and emergency procedures for types of use allowed in 10CFR35.290 and 10CFR35.50(e).	Didactic training in the form of lecture and hands on radiopharmacy experience as described in Item 5 above on this NRC Form 313A.	As described in Item 5 above: Associates in Medical Physics, LLC 5288 Transportation Blvd Cleveland, OH 44125 Feb. 21-25, 2005 & Sept. 9-11, 2005

*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)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME WORK 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 _____.
- N/A 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) _____.
- N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____.

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 35, provide the following information for each):*

A. Name of Supervisor _____
Ed Sims

B. Supervisor is:
 Authorized User
 Radiation Safety Officer
 Authorized Medical Physicist
 Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 50(c)(2)
for medical uses in Part 35, Section(s) 50

D. Address Cleveland Clinic Star Imaging
921-A Jasonway Ave
Columbus, OH 43214

E. Materials License Number
02201250068

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) 35.290 (c)(1), as documented in section(s) 5* of this form. (*Didactic training only)

11b. Select one
 meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for 35.290 types of use, as documented in section(s) 5** of this form. (**Includes Mo-99/Tc-99m generator and kits)
 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 _____ 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 Cleveland Clinic Star Imaging
921-A Jasonway Ave
Columbus, OH 43214

B. Materials License Number 02201250068

C. NAME OF PRECEPTOR (print clearly) Ed Sims	D. SIGNATURE -- PRECEPTOR 	E. DATE August 17, 2006
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MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

<p style="text-align: center;">Licensee</p> <p>1. Richard F. Terry, M.D., Inc.</p> <p>2. 111 Park View Lane Suite 202 Wheeling, West Virginia 26003</p>	<p>In accordance with the application dated June 3, 2006,</p> <p>3. License No. 47-25637-01 is amended in its entirety to read as follows:</p> <hr/> <p>4. Expiration Date: September 30, 2013</p> <hr/> <p>5. Docket No. 030-36406</p>
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<p>6. Byproduct, source, and/or special nuclear material</p> <p>A. Any byproduct material permitted by 10 CFR 35.200</p>	<p>7. Chemical and/or physical form</p> <p>A. Any</p>	<p>8. Maximum amount that licensee may possess at any one time under this license</p> <p>A. As needed</p>
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9. Authorized use:

A. Any imaging and localization study permitted by 10 CFR 35.200.

CONDITIONS

- 10. Licensed material may be used or stored only at the licensee's facilities located at 111 Park View Lane, Suite 202, Wheeling, West Virginia.
- 11. The Radiation Safety Officer (RSO) for this license is Charles H. Rose.
- 12. Licensed material is only authorized for use by, or under the supervision of:
 - A. Individuals permitted to work as an authorized user in accordance with 10 CFR 35.13 and 35.14.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License No.
47-25637-01

Docket No.
030-36406

Amendment No.
02

B. The following individuals are authorized users for medical use as indicated:

<u>Authorized User</u>	<u>Material and Use</u>
Ernesto Umana, M.D.	35.200
John J. Wurtzbacher, M.D.	35.200
Richard F. Terry, M.D.	35.200

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.
14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U. S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.

A. Application dated September 16, 2005 [ML052800347]

For the U. S. Nuclear Regulatory Commission

Date July 11, 2006

By



Dennis R. Lawyer
Commercial and R&D Branch
Division of Nuclear Materials Safety
Region I
King of Prussia, Pennsylvania 19406

Tuesday, July 11, 2006 2:42:48 PM

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

8/25/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 47-25637-01 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

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 139337.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.