

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Wyoming Cardiopulmonary Services, PC **License No.:** 49-27711-01
Docket No.: 030-35826 **Mail Control No.:** 471105
Type of Action: Amend **Date of Requested Action:** 08-21-06
Reviewer Assigned: ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	[] Open ended possession limits. Limit possession. Submit inventory. [] Submit copies of most recent leak test results. [] Add - delete IC license condition. Add IC paragraph in cover letter. [] Split license from cover letter. Add SUNSI marking to license. [] Ask the licensee if they have any type-amount of EAct Material.

RTC

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Decommissioning notification should be completed within 30 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Non-Publicly Available, Sensitive if <u>any</u> item below is checked	
General guidance:	
_____	RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____	Exact location of RAM (whether = or > than Category 3 or not)
_____	Design of structure and/or equipment (site specific)
_____	Information on nearby facilities
_____	Detailed design drawings and/or performance information
_____	Emergency planning and/or fire protection systems
Specific guidance for medical, industrial and academic (above Category 3):	
_____	RAM quantities and inventory
_____	Manufacturer's name and model number of sealed sources & devices
_____	Site drawings with exact location of RAM, description of facility
_____	RAM security program information (locks, alarms, etc.)
_____	Emergency Plan specifics (routes to/from RAM, response to security events)
_____	Vulnerability/security assessment/accident-safety analysis/risk assess
_____	Mailing lists related to security response
Branch Chief's and/or Sr. HP's Initials:	<i>RTC</i>
Date:	<i>9-11-06</i>

Pre-Licensing Screening

Applicant Information:

Control No. 471105

Name: Wyoming Cardiopulmonary Services, PC	Type of Request: Amend Program Code(s):	
Location: WY	License No.: 49-27711-01	Docket No.: 030-35826

STEP 1—Radioactive Materials and Quantities Requested:

Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.	Yes or No
A. The request is from a new applicant.	N
B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	N
C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	N

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹	Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.
² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	—
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	—

Signature and Date for Step 1:

ATC 9-11-06

License Reviewer and Date



WYOMING CARDIOPULMONARY SERVICES, P.C.
 1230 East First Street
 Casper, Wyoming 82601
 307-266-3174 1-800-445-3501 Fax: 307-266-3177
 Medical Records Fax: 307-261-6713

RECEIVED

AUG 28 2006

DNMS

August 21, 2006

RSC

Materials Licensing Section
 U.S. Nuclear Regulatory Commission, Region IV
 611 Ryan Plaza Dr., Suite 400
 Arlington, Texas 76011-4005

RE: Amendment to Materials License #49-27711-01

Dear Madam/Sir:

Wyoming Cardiopulmonary Services, P.C. (WCS) would like to incorporate the following modification (amendment) to its license #49-27711-01.

WCS would like to add two individuals, 1) Michel W Skaf, MD (Attachment One) and 2) John W. Pickrell, MD (Attachment 2) for Authorized User (AU) Physician Recognition status (Wyoming License copies attached) to its license and conditions. Each individual has met the appropriate training and experience routes required to be an authorized user in accordance with §35.290 of material for the uses authorized under §35.200.

Michel W. Skaf, MD is board certified through the Certification Board of Nuclear Cardiology (CBNC), whose certification process has been recognized by the NRC under 10 CFR Part 35, Subpart D, and is applicable to the use requested (Certification copy attached).

John W. Pickrell, MD has met the structured educational program (Affidavits attached), supervised work experience, and preceptor certification requirements in 10 CFR 35.290(c)(1)(2). The preceptor physician AU Wesley W. Hiser, MD, who meets 10 CFR 35.290, submits written attestation using NRC Form 313A that the training and experience specified for certification has been satisfactorily completed and that a level of competency sufficient to function independently as an AU for the medical uses authorized has been achieved.

These documents are submitted as attachments to NRC Form 313, "Application for Material License."

We understand that there is no amendment fee required for this action.

Sincerely,

David R. Parry, RT(N)(R)
 Nuclear Medicine Department

WESLEY W. HISER, M.D., F.A.C.C.
 American Board of Internal Medicine
 Diplomate, Pulmonary Disease
 Diplomate, Cardiovascular Disease
 Added Qualifications in Interventional Cardiology

ROBERT A. NOVICK, M.D., F.A.C.C.
 American Board of Internal Medicine
 Diplomate, Cardiovascular Disease
 Added Qualifications in Interventional Cardiology

ALLAN B. WICKS, M.D., F.A.C.C.
 American Board of Internal Medicine
 Diplomate, Cardiovascular Disease

JOHN W. PICKRELL, M.D.
 American Board of Internal Medicine
 Diplomate, Cardiovascular Disease

JAMES L. ORFORD, M.D., F.A.C.C.
 American Board of Internal Medicine
 Diplomate, Cardiovascular Disease
 Added Qualifications in Interventional Cardiology

MICHEL SKAF, M.D.
 American Board of Internal Medicine
 American Board of Nuclear Medicine
 Board Eligible, Cardiovascular Disease

NRC FORM 313
(10-2005)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2008

Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-4006

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
 B. AMENDMENT TO LICENSE NUMBER 49-27711-01
 C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (include ZIP code)

Wyoming Cardiopulmonary Services PC
1230 East First St
Casper WY 82601-2788

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

1230 East First St
Casper WY 82601-2788

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

David R Parry, RT(N)(R)

TELEPHONE NUMBER

(307) 261-6710

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY	AMOUNT ENCLOSED	\$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Wesley W Hiser MD Senior Partner

SIGNATURE



DATE

08/21/2006

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

**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)

Michel Wadih Skaf, MD Authorized user, 10 CFR 35.290(a)

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

Wyoming Board of Medicine, Physician, License Number 7159A

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			

Wyoming Board of Medicine



211 West 19th St., 2nd Floor
Cheyenne, WY 82002
Phone: (307) 778-7053 Fax: (307) 778-2069
Toll Free within state: (800) 438-5784
Email: wyomedboard@state.wy.us
Website: <http://wyomedboard.state.wy.us>

If any information is not correct notify Wyoming Board of
Medicine at (307) 778-7053.

License Type:

Physician

License Number:

7159A

License Status:

Active

Initial License Date:

4/12/2005

Expiration Date:

06/30/2007

Michel W Skaf, MD

WYOMING BOARD OF MEDICINE

A handwritten signature in cursive script, reading "Carol Stutzell".

Executive Secretary

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Michel Wadīh Skaf, MD

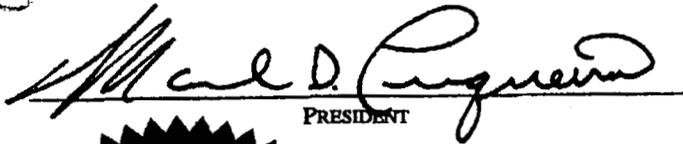
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

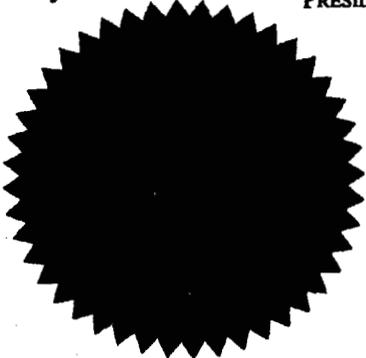
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

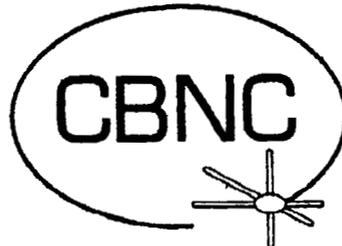
FOR THE PERIOD 2004 THROUGH 2014


PRESIDENT


SECRETARY



CERTIFICATE # 3630



OCTOBER 24, 2004

**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)

John W Pickrell MD Authorized user, 10 CFR 35.290

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

Wyoming Board of Medicine, Physician, License Number 6881A

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	Nuclear Medical Education Program, Institute for Nuclear Medical Education, Boulder Co	50	April 9 to April 13, 2003
Radiation Protection	"	15	November 6 to November 10, 2002
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	10	April 9 to April 13, 2003
Radiation Biology	"	10	November 6 to November 10, 2002
Chemistry of Byproduct Material for Medical Use	"	15	"
OTHER			

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
Ordering, receiving and unpacking radioactive material safely and performing the related radiation surveys	Wesley W Hiser, MD	Wyoming Cardiopulmonary Srvc NRC #49-27711-01	July 2003 to July 2006 100
Performs quality control procedures on instruments used to determine activity of dosages and performing checks for proper operation of survey meters	"	"	75
Calculating, measuring, and safely preparing patient dosages	"	"	125
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	"	25
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures	"	"	25
Administering dosages of radioactive drugs to patients	"	"	200
Eluting generators, measuring and testing the eluate, and processing the eluate with reagent kits to prepare labeled radioactive drugs	"	"	100
			Total > 700 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
N/A					

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
N/A		

* 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)
N/A			

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 _____
- 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 Part 35, provide the following information for each) :

A. Name of Supervisor

Wesley W Hiser MD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

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

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

D. Address

Wyoming Cardiopulmonary Services PC
1230 East First St
Casper WY 82601

E. Materials License Number

49-27711-01

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) 35.290(c)(1)(2), as documented in section(s) 5 and 6a 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) _____ 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 _____ 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 35.290 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): 35.200

A. Address

Wyoming Cardiopulmonary Services PC
1230 East First St
Casper WY 82601-2788

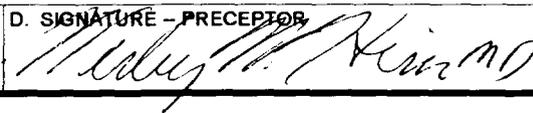
B. Materials License Number

49-27711-01

C. NAME OF PRECEPTOR (print clearly)

Wesley W Hiser MD

D. SIGNATURE – PRECEPTOR



E. DATE

08/21/2006

Wyoming Board of Medicine



211 West 19th St., 2nd Floor
Cheyenne, WY 82002
Phone: (307) 778-7053 Fax: (307) 778-2069
Toll Free within state: (800) 438-5784
Email: wyomedboard@state.wy.us
Website: <http://wyomedboard.state.wy.us>

License Type:

Physician

License Number:

6881A



John W Pickrell, MD

If any information is not correct notify Wyoming Board of Medicine at (307) 778-7053.

License Status:

Active

Initial License Date:

6/6/2003

Expiration Date:

06/30/2007

WYOMING BOARD OF MEDICINE

A handwritten signature in cursive script, reading "Carol Matwicek".

Executive Secretary

471105

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

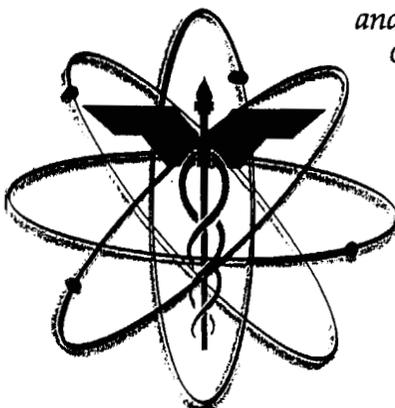
John W. Pickrell, MD

has successfully completed the didactic program

MEDICAL RADIATION INSTRUMENTATION

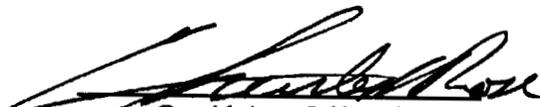
and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

13 April 2003

Date Completed

201284

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1132-Class II-Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

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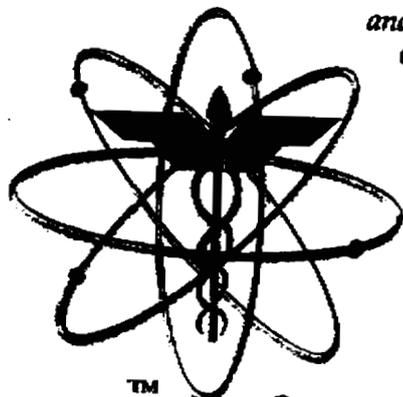
John W. Pickrell, MD

has successfully completed the didactic program

MEDICAL RADIATION PROTECTION

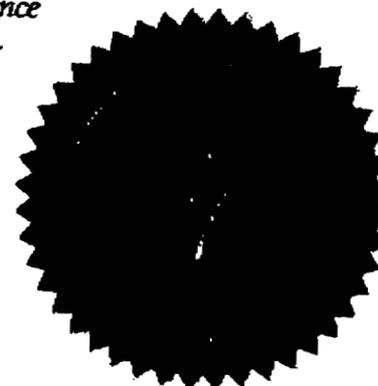
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TM

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- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars



[Signature]
Certifying Official

6 November 2002
Date Completed

200822
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1132-Class HI-Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

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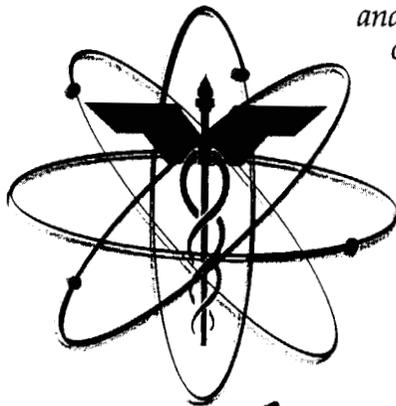
John W. Pickrell, MD

has successfully completed the didactic program

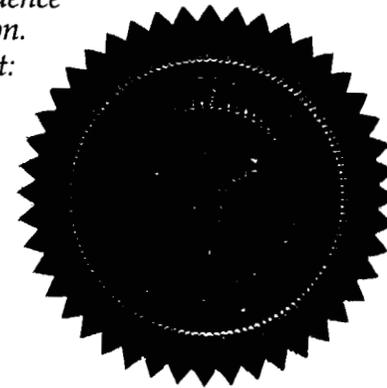
PRINCIPLES OF RADIATION PHYSICS

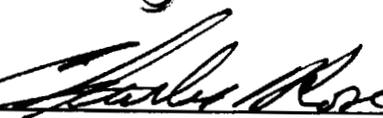
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- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

9 April 2003

Date Completed

201248

Certification

Institute for Nuclear Medical Education

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INME1132-Class I-Compl&Comp 1/00

471105

NUCLEAR MEDICAL EDUCATION PROGRAM

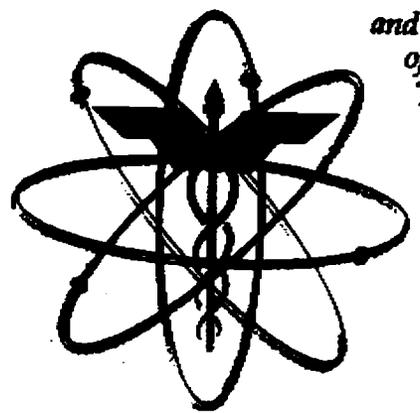
Affidavit of Academic Completion & Competency

This document is to attest that

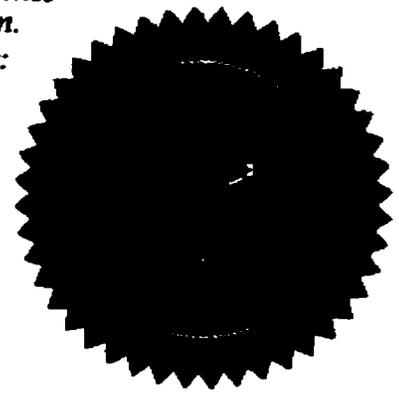
John W. Pickrell, MD
has successfully completed the didactic program

RADIOPHARMACEUTICALS AND CHEMISTRY

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination. This program provides the following levels of accomplishment:



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Certifying Official

10 November 2002
Date Completed

200853
Certification

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NME1132-Class IV-Comp&Comp 1/00

9-13-06
DATE

This is to acknowledge the receipt of your letter/application dated 8-21-06, and to inform you that the initial processing, which includes an acceptance review, has been performed.

There were no administrative omissions. Your application will be 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:

The action you requested is normally processed in 90 days.

A copy of your action has been forwarded to the NRC Office of the Chief Financial Officer, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471105.
When you call to inquire about this action, please refer to this mail control number.
You may call me at 817 860 8103.

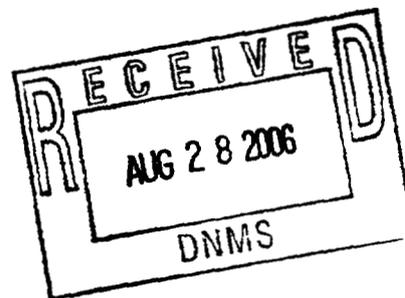
Sincerely,
Colleen Murnahan
Licensing Assistant



MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY
COMMISSION, REGION IV
611 RYAN PLAZA DR SUITE 400
ARLINGTON TX 76011-4005



WY Cardiopulmonary Services PC
1230 East First St
Casper WY 82601



MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY
COMMISSION, REGION IV
611 RYAN PLAZA DR SUITE 400
ARLINGTON TX 76011-4005

