
**MERITAS
HEALTH
CORPORATION**

2800 Clay Edwards Drive
North Kansas City, MO
64116-3281

September 21, 2006

Via FedEx

U.S. NRC Regional III
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4352

RE: **Request for Amendment**
Radioactive Materials License #24-32275

To Whom It May Concern:

Please amend the above reference license in the following sections:

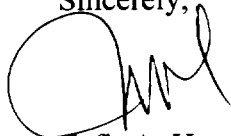
Section 12.B:

Add:	<u>Authorized User</u>	<u>Authorized Use</u>
	Kevin C. Jones, D.O.	35.100 and 35.200

I am enclosing preceptorship attestations and certificates of didactic coursework completion to document the Experience and Training of Kevin C. Jones, D.O.

Should you have any questions regarding this amendment, please contact me at 816-221-6750 or Mark Dater, Consultant-NC Systems, at 800-548-4024

Sincerely,



Zafir A. Hawa, M.D.
Radiation Safety Officer

enc.

RECEIVED SEP 28 2006

**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)

Keven C. Jones, D.O.

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

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	see attached certificates from INME	100	6/11/05 to 6/19/05 8/18/04 to 8/26/04
Radiation Protection	see attached certificates from INME	30	6/11/05 to 6/19/05 8/18/04 to 8/26/04
Mathematics Pertaining to the Use and Measurement of Radioactivity	see attached certificates from INME	20	6/11/05 to 6/19/05 8/18/04 to 8/26/04
Radiation Biology	see attached certificates from INME	20	6/11/05 to 6/19/05 8/18/04 to 8/26/04
Chemistry of Byproduct Material for Medical Use	see attached certificates from INME	30	6/11/05 to 6/19/05 8/18/04 to 8/26/04
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	Robert Wagner, M.D. Gary Dillehey, M.D.	Loyola Univ. Medical Center #IL-01131-02	7/2002-6/2005
Performing quality control procedures on instruments used to determine the activity of dosages and performing the proper operation of survey meters			7/2002-6/2005
Calculating, measuring, and safely preparing patient or human research subject dosages			7/2002-6/2005
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material			7/2002-6/2005
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures			7/2002-6/2005
Administering dosages of radioactive drugs to patients or human research subjects			7/2002-6/2005
Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the			7/2002-6/2005
eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			total for all elements 500 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

N/A

B. Supervisor is:

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

E. Materials License Number

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) 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

N/A

types of use, 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 User for 10 CFR 35.100 and 35.200 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): 35.100 and 35.200

A. Address

Loyola University Medical Center
2180 S. First Ave
Maywood, IL 60153

B. Materials License Number

IL-01131-02

C. NAME OF PRECEPTOR (print clearly)

Robert Wagner, M.D.

D. SIGNATURE - PRECEPTOR

E. DATE

9/14/06

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

N/A

B. Supervisor is:

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

E. Materials License Number

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) 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

N/A types of use, 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 User for 10 CFR 35.100 and 35.200 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): 35.100 and 35.200

A. Address

B. Materials License Number

Loyola University Medical Center
2160 S. First Ave
Maywood, IL 60153

IL-01131-02

C. NAME OF PRECEPTOR (print clearly)

Gary Dillehey, M.D.

D. SIGNATURE -- PRECEPTOR

Gary Dillehey

E. DATE

9-19-06

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

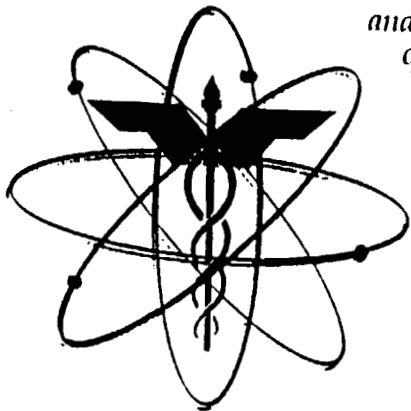
Kevin Christopher Jones, DO

has successfully completed the didactic program

MEDICAL RADIATION PROTECTION

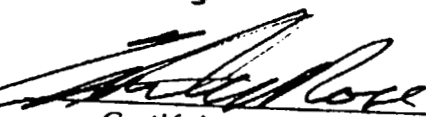
and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

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

22 September 2004

Date Completed

202579

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.
IIME1132-Class III-Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

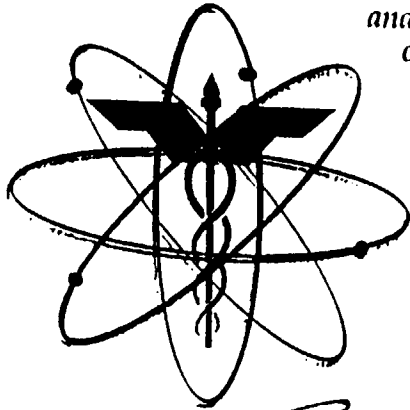
This document is to attest that

Kevin Christopher Jones, D.O.

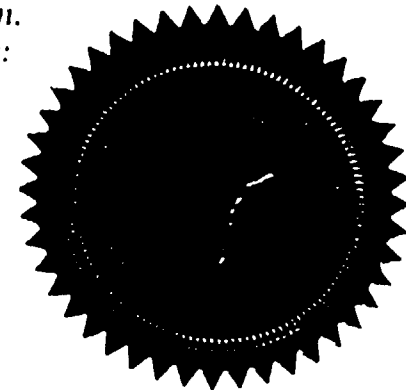
has successfully completed the didactic program

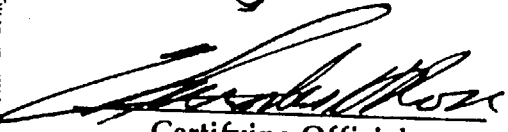
MEDICAL RADIATION INSTRUMENTATION

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, MRI.B
- 3.0 Semester Hours American Council on Education (ACE), American Association for Collegiate Registrars




Certifying Official

19 June 2005
Date Completed

203332
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in California. 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.
INMF 1132-Class II Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

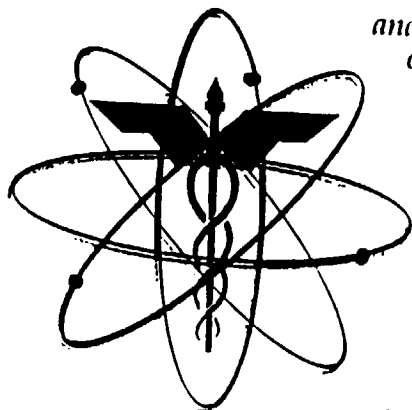
Kevin Christopher Jones, D.O.

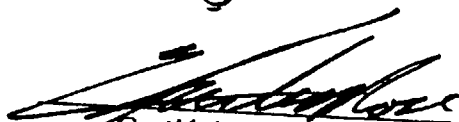
has successfully completed the didactic program

PRINCIPLES OF RADIATION PHYSICS

*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:*

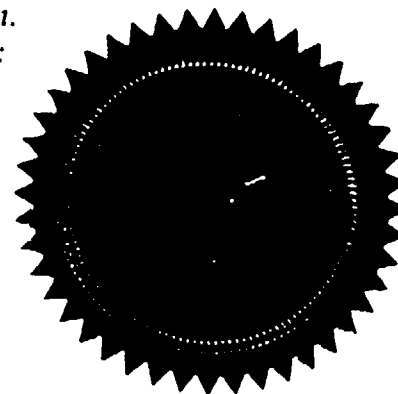
- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

15 June 2005

Date Completed



203303

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.
INME 1132-Class I-Comp&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

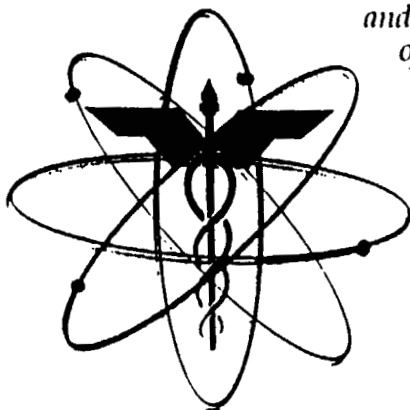
Kevin Christopher Jones, DO

has successfully completed the didactic program

RADIOPHARMACEUTICALS AND CHEMISTRY

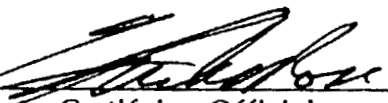
and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with HC.FR.35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSC, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

26 September 2004
Date Completed

202607
Certification

Institute for Nuclear Medical Education

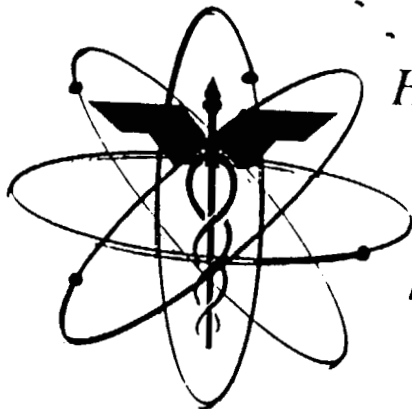
Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education, State of Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. 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.
INME 1132-Class IV-Compl&Comp 1/00

CERTIFICATE OF COMPLETION

HAZMAT TRAINING - RADIOACTIVE MATERIALS

This document is to certify that

Kevin Christopher Jones, DO



*Has received training and has been tested
as required by 49CFR 172.704(d). This
training was limited to diagnostic
radioactive materials received or offered
for shipment in approved Type A
Packages, Class 7, UN2915, Yellow II.*

26 September 2004

Date Completed

[Signature]
Instructor/Supervisor

202636

Certification



Training Materials and Records are located at

INME - Institute for Nuclear Medical Education • 5660 Airport Boulevard, Suite 101 • Boulder, Colorado 80301
(303) 541-0044 • (303) 541-0066 FAX • (800) 518-4024 • inme@nuclearcardiology.com • <http://www.nuclearcardiology.com/ncs>

service area is provided for your internal use
ervice must be marked on airbill.

FedEx Service:

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PRIORITY OVERNIGHT

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Urgent

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28SEP06
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TRK# 8277 0630 5808 FORM 0215

60532 -IL-US
ORD
NY BDFA



23

28

FedEx USA Airbill
Express

FedEx
Tracking
Number

82770630580

1 From This portion can be removed for Recipient's records.

Date 9-27-06

FedEx Tracking Number

827706305808

Sender's Name
SHERRIE BLAIR

Phone 816 221-6750

Company
NORTHLAND CARDIOLOGY

Address
2790 CLAY EDWARDS DR STE 520

Dept./Floor/Suite/Room

City
KANSAS CITY

State MO ZIP 64116

RECIPIENT: PEEL HERE

2 Your Internal Billing Reference

3 To Recipient's Name

Phone

Company
US NRC REGIONAL III

Address
2443 WARRENVILLE RD

To "HOLD" at FedEx location, print FedEx address.

We cannot deliver to P.O. boxes or P.O. ZIP codes.

STE. 210

City
LISLE

State IL ZIP 60532-4352

Dept./Floor/Suite/Room



0184956641

FedEx 1Day Freight*
Next business day

FedEx 2Day Freight
Second business day

FedEx 3Day Freight
Third business day

* Call for Confirmation.

5 Packaging

FedEx Envelope*

FedEx Pak*

Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak

Other Pkg.

Includes FedEx Box, FedEx Tube, and customer pkg.

6 Special Handling

SATURDAY Delivery

Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

SUNDAY Delivery

Available only for FedEx Priority Overnight to select ZIP codes

HOLD Weekday at FedEx Location

Not available with FedEx First Overnight

HOLD Saturday at FedEx Location

Available only for FedEx Priority Overnight and FedEx 2Day to select locations

Include FedEx address in Section 3.

Does this shipment contain dangerous goods?

No Yes

Dry Ice
Dry Ice, 9, UN 1845

Cargo Aircraft Only

As per attached Shipper's Declaration

Dangerous Goods (incl. Dry Ice) cannot be shipped in FedEx packaging or with FedEx Extra Hours service.

Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain Recip. Acct. No.

Sender
Acct. No. in Section 1 will be billed.

Recipient

Third Party

Credit Card

Cash/Check

Total Packages

Total Weight

Total Charges

Credit Card Auth.

*Our liability is limited to \$100 unless you declare a higher value. See the FedEx Service Guide for details.

8 Release Signature Sign to authorize delivery without obtaining signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.
Questions? Visit our Web site at fedex.com
or call 1-800-Go-FedEx® (800)483-3338.

406

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