


Red Rose Cardiology

TO: Dennis Lawyer
License Reviewer
Nuclear Regulatory Commission

FROM: Bethany Porter 
Site Manager
Red Rose Cardiology

J-6
MS-16

2006 OCT 10 PM 1:21

RECEIVED
REGION 1

RE: License No: 37-30854-01
Docket No. 03036446
Control No. 139419

Dear Mr. Lawyer:

In response to your e-mail the following items were addressed:

1. We reviewed the number of clock hours Dr. Smith obtained. This is documented on Section 5 of NRC Form 313 A.
2. The dates and location of Dr. Smith's experience of 10 CFR 35.290 (c) (ii) is documented on Section 6a of NRC Form 313 A.
3. The attestation statement from Dr. Collura is documented on Section 11a and 11 c on the NRC Form 313 A.
4. Information noted. Dr. Bloe is not listed as a preceptor.
5. We are requesting approval for Dr. Smith as an authorized user for 10 CFR 35.100 and 10 CFR 35.200 as indicated on Item 1 on the NRC Form 313 A.

If additional information is required please contact our office at 717-735-8150 or our Radiation Safety Officer Jack Olley at 717-291-9813 or email at jaolley@verizon.net.

Enclosed is NRC FORM 313 A.

Ellen K. Smith, M.D., FACC
2135 Noll Drive, Suite D., Lancaster, PA 17603
Phone: 717-735-8150 Fax: 717-735-8152

139419
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 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)

Ellen K. Smith, M.D.

Authorized user for 10 CFR 35.190, 10 CFR 35.290

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

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	Associates in Medical Physics LCC., Atlanta, Georgia	17	September 8-11, 2006
		20	February 21- 25, 2005
Radiation Protection	"	15	September 8-11, 2006
		12	February 21- 25, 2005
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	2	September 8-11, 2006
		6	February 21- 25, 2005
Radiation Biology	"	0	September 8-11, 2006
		4	February 21- 25, 2005
Chemistry of Byproduct Material for Medical Use	"	0	September 8-11, 2006
		8	February 21- 25, 2005
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
Experience as outlined in CFR 35.290(c)(ii) Experience included the following:	Paul T. Collura, M.D.	Red Rose Cardiology 37-30854-01	September 2005 to May 2006 (700 hrs)
Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys.	Paul T. Collura, M.D.	Red Rose Cardiology 37-30854-01	200 hours
Performing quality control procedures used to determine the activity of dosages and performing checks for proper operation of survey meters;	Paul T. Collura, M.D.	Red Rose Cardiology 37-30854-01	100 hours
Calculating, measuring, and safely preparing patient dosages;	Paul T. Collura, M.D.	Red Rose Cardiology 37-30854-01	150 hours
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material;	Paul T. Collura, M.D.	Red Rose Cardiology 37-30854-01	100 hours
Using procedures to safely contain spilled radioactive material and use proper decontamination procedures;	Paul T. Collura, M.D.	Red Rose Cardiology 37-30854-01	100 hours
Administering dosages of radioactive drugs to patients.	Paul T. Collura, M.D.	Red Rose Cardiology 37-30854-01	100 hours
			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)

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

Paul T. Collura, MD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.190 and 35.290

for medical uses in Part 35, Section(s) 35.100 and 35.200

D. Address

Lancaster Regional Medical Center
250 Columbia Avenue
Lancaster, PA 17604

E. Materials License Number

37-01580-04

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) 35.190 and 35.290, as documented in section(s) 5 and 6 a 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 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 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

Lancaster Regional Medical Center
250 Columbia Avenue
Lancaster, PA 17604

B. Materials License Number

37-01580-04

C. NAME OF PRECEPTOR (print clearly)

Paul T. Collura, M.D.

D. SIGNATURE -- PRECEPTOR

E. DATE

10/5/06