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Nazareth Hospital

Br. 1

September 29, 2006

U. S. Nuclear Regulatory Commission
Region I
ATTN. Medical License Assistance Section
475 Allendale Road
King of Prussia, PA 19406-1415

Amendment Request – NRC License No. 37-09995-01

03003120

Dear Sir/Madam:

We want to expand John Matthews' authorization to include byproduct material in 10 CFR 35.300. NRC Form 313A is enclosed. In addition, Dr. Matthews was recertified by the American Board of Nuclear Medicine within the last year. A copy of the certificate is also included.

Sincerely,



Christine Fitzpatrick
Chief Operating Officer

Enclosures
cc. Lynne Taus, M.D., RSO

The American Board of Nuclear Medicine

INCORPORATED 1971

Attests That

John Francis Matthews

A Diplomate of the American Board of Nuclear Medicine
has demonstrated continuing Scholarship in

Nuclear Medicine

And is Hereby Recertified
For the Period 2002 Through 2012

Ronald L. Van Nestin

CHAIRMAN



05738

NUMBER

IS

Walter J. Hunsicker

SECRETARY-TREASURER

NRC FORM 313A (04-2005)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005
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)

Authorized User for 10CFR

JOHN F. MATTHEWS, MD

*35.100
35.200 use - 10CFR
35.300 Sections 35.910
35.920
35.930*

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

Pennsylvania - practice location

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

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	<i>Hosp of U. of Pennsylvania Nuc Med Course</i>	<i>140</i>	<i>Jan 10, 1992 - Feb 1, 1992</i>
Radiation Protection	<i>210</i>	↓	↓
Mathematics Pertaining to the Use and Measurement of Radioactivity	↓	↓	↓
Radiation Biology	↓	↓	↓
Chemistry of Byproduct Material for Medical Use	↓	↓	↓
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
Nuc Medicine Fellowship at Hosp. of Univ. of Pennsylvania	Abass Alawi, MD	UPenn 37-00118-07	7/91 - 6/92

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
¹³¹ I - NaI	Hyperthyroidism	9	Abass Alawi, MD	UPenn 37-00118-07	7/91-6/92
¹³¹ I - NaI	Thyroid Cancer Rx	5	Abass Alawi, MD	UPenn 37-00118-07	7/91-6/92
¹³¹ I - MIBG	Met. Neuroblastoma	3	Abass Alawi, MD	UPenn 37-00118-07	7/91-6/92
⁸⁹ Sr	Met. Prostate	4	Abass Alawi, MD	UPenn 37-00118-07	7/91-6/92
²²³ Rn	RT Gastric CA	1	Abass Alawi, MD	UPenn 37-00118-07	7/91-6/92

NRC FORM 313A
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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

* 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 Numbers	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)
Nuclear Medicine Board Certified	Univ. of Pennsylvania	7/1/91 - 6/30/92	ACGME approved

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 _____

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and N/A 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) _____.

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

A. ALAVI, MD

B. Supervisor is:

- Authorized User Authorized Medical Physicist
 Radiation Safety Officer Authorized Nuclear Pharmacist

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

35.910, 35.920, 35.930

for medical uses in Part 35, Section(s)

35.910, 35.920, 35.930

D. Address

Hosp of University of Pennsylvania
Division of Nuc. medicine
117 Donner BLDG 3400 Spruce Street
Philadelphia, PA 19104-4283

E. Materials License Number

37-0018-

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 the 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) 35.930 B, as documented in section(s) 5, 6, 9, 66 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 operate a nuclear pharmacy (for 35.980); **OR**

has achieved a level of competency sufficient to function independently as an authorized user for 35.100, 35.200, 35.300 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 35.910, 35.920, 35.930 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): 10 CFR 35.100, 35.200, 35.300 uses

A. Address

Hosp. of Univ. of Pennsylvania
Div. of Nuc. medicine
117 Donner BLDG 3400 Spruce Street
Phila, PA 19104-4283

B. Materials License Number

37-0018-07

C. NAME OF PRECEPTOR (print clearly)

Abass Alavi, MD

D. SIGNATURE -- PRECEPTOR

Abass Alavi

E. DATE

8/1/06

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

9/29/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-09995-01 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** 139525.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.