

CENTER FOR
DIAGNOSTIC IMAGING



October 3, 2006

U. S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Dear Sir or Madam:

The Center for Diagnostic Imaging would like to amend its Byproduct Materials License Number 13-32194-01, to add Michael B. Hostetter, M.D. as an Authorized User for 10 CFR 35.100 and 35.200. Enclosed is preceptor form 313A documenting Dr. Hostetter's training and experience.

If there are any questions concerning this license amendment, please contact our nuclear medicine physicist, Mr. Patrick J. Byrne, D.A.B.R. at 877-317-5811.

Sincerely,

Andrea C. Carpenter
Andrea Carpenter, C.N.M.T., R.T.(N)
Radiation Safety Officer

**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)

MICHAEL BRADLEY HOSTETTER

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

INDIANA

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	RADIOLOGY PROGRAM BRIDGEPORT HOSPITAL (BRIDGEPORT, CT)	20	7/01 To 4/05
Radiation Protection	"	20	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	10	"
Radiation Biology	"	20	"
Chemistry of Byproduct Material for Medical Use	"	10	"
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, unpacking and surveying radioactive materials	DR. SCOTT WILLIAMS	BRIDGEPORT HOSP BRIDGEPORT, CT	7/01-6/05
Performing quality control procedures dose calibrators, well counters and survey meters	"	(06-01060-01)	"
Calculating measuring and preparing patient dosages	"	"	"
Using administrative controls to prevent medical events involving radioactive material	"	"	"
Using safety procedures to contain spilled radioactive material & proper decontamination	"	"	"
Administering dosages of radioactive drugs to pts.	"	"	"
Eluting generator systems for imaging studies testing for radionuclidic purity and processing elute with reagent kits	"	"	"
TOTAL →	"	"	50 HRS

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
Tc-MAA/ ^{99m} Tc	VQ SCANS	300	DR. SCOTT WILLIAMS	BRIDGEPORT, CT 06-01060-01	7/01-6/05 100 HRS
Tc-113m	Hepatobiliary	300	"	"	100
Tc-MDP	Bone Imaging	400	"	"	150
Tc-MAG3/DTPA	Renal Imaging	200	"	"	75
In-111	Injection	100	"	"	50
Thallium	Cardiac/Thyroid	400	"	"	150
PET	Tumor	100	"	"	50
Tc-HMPAO/DTPA	CNS/CeF	50	"	"	25

Gallium	Injection/Tumor	50	"	"	25
I-131	Thyroid + Adrenal	200	"	"	75
		2100		TOTAL	800 HRS

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 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 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) _____

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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

DR. SCOTT WILLIAMS

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 290

for medical uses in Part 35, Section(s) 100 and 200

D. Address

E. Materials License Number

06-01060-01

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 35.580 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) 290(c) as documented in section(s) 5, 6, 10 of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(i)(G) 35.890(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); OF

has achieved a level of competency sufficient to function independently as an authorized USER for 100 and 200 uses (or units); OF

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; OF

N/A

11d.

I am an Authorized Nuclear Pharmacist; OF I am a Radiation Safety Officer; OF

I meet the requirements of 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): 100 and 200

A. Address

247 GRANT ST. DEPT OF RADIOLOGY
BRIDGEPORT, CT 06610

B. Materials License Number

06-01060-01

C. NAME OF PRECEPTOR (print clearly)

Scott Williams, MD

D. SIGNATURE - PRECEPTOR

[Signature]

E. DATE

6 SEPT 06

CENTER FOR
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9247 North Meridian Street, Suite 101
Indianapolis, IN 46260



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