



Dennis E. Klima
President & CEO

Tel 302 744-7000

Bayhealth Medical Center
Kent General Hospital
640 South State Street
Dover, DE 19901

October 2, 2006

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Licensing Branch
Nuclear Materials Safety Section
Division of Safety & Safeguards
U.S. N.R.C. - Region I
475 Allendale Rd.
King of Prussia, PA 19406

07-14850-01
03007565

Dear License Reviewer,

Please be advised that the following physician has joined our staff as an authorized user of 10 CFR 35.100 and 10 CFR 35.200 byproduct materials.

Vibhu Kapoor, M.D.

Enclosed please find a copy of Dr. Kapoor's ABR certification from June 2004, as well as a completed NRC Form 313A Preceptor Attestation Form.

All other aspects of our radiation safety program remain unchanged.

If you have any questions, please contact our consultant radiation physicist, Jay Yoder, MS, of Walter L. Robinson and Associates at 717-291-9813, or contact us at 302-744-7057.

Our N.R.C. license no. is # 07-14850-01 (Bayhealth Medical Center – Kent General Hospital).

Sincerely,

Dennis E. Klima

Enclosures: (2)

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REGION I
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NMSS/RGNI MATERIALS-C02

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*
Hereby certifies that

Vibhu Kapoor, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this ninth day of June, 2004

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



Certificate No. 49395

William H. ...
President

Philip O. Alderson MD
Secretary-Treasurer

R.P. Hatten MD
Executive Director



Valid through 2014

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

Barry McCook, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57

for medical uses in Part 35, Section(s) 100, 200, 300, 500

D. Address

UPMC Presbyterian
Dept. of Radiology
200 Lothrop St.
Pittsburgh, PA 15213

E. Materials License Number

37-00245-02

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) as documented in section(s) 5, 6(a), 6(b), 6(c) of this form.

190(c), 290(c),
392(c), 394(c),
590(b)

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for (1), (2) types of use, as documented in section(s) 6(b) 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 100, 200, 300, 500 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 35.57 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, 200, 300, 500

A. Address

UPMC Presbyterian
Dept. of Radiology
200 Lothrop St.
Pittsburgh, PA 15213

B. Materials License Number

37-00245-02

C. NAME OF PRECEPTOR (print clearly)

Barry McCook, M.D.

D. SIGNATURE - PRECEPTOR

Barry McCook

E. DATE

9/6/06

NRC FORM 313A (10-2005) 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
<i>Sealed sources for diagnosis (transmission scan using flood sources)</i>	<i>Didactic Supervised</i>	<i>See Item 10 7/01/00 to 6/30/04</i>

* 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)
<i>N/A</i>	—	—	—

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 (10-2002) U.S. NUCLEAR REGULATORY COMMISSION
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 related radiation surveys	Barry McCook, M.D.	See Item 10	7/01/00 to 6/30/04
Calibrating instruments used to determine activity of dosages and performing checks for proper operation of survey meters	"	"	"
Calculating, measuring, and safely preparing patient dosages	"	"	"
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material	"	"	"
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures	"	"	"
Administering dosages of radioactive drugs to patients	"	"	"
Eluting generators, measuring and testing the eluate, and processing the eluate with reagent kits to prepare labeled radioactive drugs	"	"	"
			Total > 700 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
I-131	Diagnostic Imaging Therapy < 33 mCi		Barry McCook, M.D.	See Item 10	7/01/00 to 6/30/04
I-131	Therapy > 33 mCi		"	"	"
Y-90	Therapy		"	"	"
Tc-99m	Diagnostic Imaging		"	"	"
F-18	"		"	"	"
Tl-201	"		"	"	"
In-111	"		"	"	"
I-123	"		"	"	"

NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
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)
Vibhu Kapoor, M.D., Authorized User, 35.190, 290, 392, 394, and 590

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

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	<i>UPMC Presbyterian Pittsburgh, PA</i>	<i>40</i>	<i>7/01/00 to 6/30/04</i>
Radiation Protection	<i>"</i>	<i>20</i>	<i>"</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>"</i>	<i>20</i>	<i>"</i>
Radiation Biology	<i>"</i>	<i>10</i>	<i>"</i>
Chemistry of Byproduct Material for Medical Use	<i>"</i>	<i>10</i>	<i>"</i>
OTHER			

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

10/21/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 07-14850-01 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** 139576.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.