



*Southwestern
Vermont Medical Center*
SOUTHWESTERN VERMONT HEALTH CARE

100 Hospital Drive
Bennington, VT 05201
phone 802 442 6361
fax 802 447 5013
www.svhealthcare.org

Br. 1

License # 44-11345-02

03008027

October 23, 2006

USNRC Region 1
475 Allendale Rd.
License Amendments
King of Prussia, PA. 19406-1415

Upon review of our license after the most recent renewal, it appears Dr. James Kecnan was omitted from our authorized user list under 35.100; 35.200 oral administration of sodium iodide – 131 for imaging and localization studies.

I have included the supporting documentation for your review.

Please contact me with any questions regarding this addition.

Sincerely,

Matthew Ratelle RSO

Enclosure

OUR FAMILY OF NOT-FOR-PROFIT ORGANIZATIONS INCLUDES: *Southwestern Vermont Medical Center • Centers for Living and Rehabilitation • Deerfield Valley Health Center • Northshire Medical Center • Southwestern Vermont Regional Cancer Center • Visiting Nurse Association & Hospice • Southwestern Vermont Health Care Auxillary*

139609

NRC FORM 313M SUPPLEMENT A U.S. NUCLEAR REGULATORY COMMISSION
 (9-81) TRAINING AND EXPERIENCE
 AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER: **James F. Keenan**
 2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE: **NY, VT**

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology		June 1997

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	Albany Medical Center Albany, NY 7/1/93 - 6/30/97	40	12	
b. RADIATION PROTECTION	↓	40	14	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		And NYU Physics Course → (8/26/96 - 8/30/96)	40	
d. RADIATION BIOLOGY		And NYU Physics Course ↗ (8/24/96 - 8/30/96)	40	
e. RADIOPHARMACEUTICAL CHEMISTRY			40	14

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
^{99m} Tc	30 mCi	Albany Medical Center	6 months over 4 yr period	Clinical/Research
²⁰¹ Tl	3 mCi	" " "	" "	Clinical
¹³¹ I	5 mCi	" " "	" "	Clinical
¹²⁵ I	400 µCi	" " "	" "	Clinical
⁶⁷ Co	10 mCi	" " "	" "	Clinical
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¹¹¹ In	5 mCi	" " "	" "	Clinical
⁵¹ Cr / ¹⁵² Eu	" " "	" " "	" "	" "

NRC FORM 313M SUPPLEMENT B
(9-81)

U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

James F. Keenan

STREET ADDRESS

CITY

STATE

ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D	
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME			
	LIVER FUNCTION STUDIES			
	FAT ABSORPTION STUDIES			
	KIDNEY FUNCTION STUDIES			
IN VITRO STUDIES	0			
OTHER				
I-125	DETECTION OF THROMBOSIS	0		
I-131	THYROID IMAGING	10		- whole Body tumor survey
P-32	EYE TUMOR LOCALIZATION	0		
Se-75	PANCREAS IMAGING	0		
Yb-169	CISTERNOGRAPHY	0		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	0		
OTHER	Co-57 Schilling's	10		
Tc-99m	BRAIN IMAGING	5		
	CARDIAC IMAGING	30	- MUGA, MIBI	
	THYROID IMAGING	30		
	SALIVARY GLAND IMAGING	0		
	BLOOD POOL IMAGING	15	- Bleeding Scan, hemangioma	
	PLACENTA LOCALIZATION	0		
	LIVER AND SPLEEN IMAGING	40	- Biliary and Sulfur Colloid	
	LUNG IMAGING	40	- V/Q Scans	
BONE IMAGING	100	- SPECT, Limited, whole Body		
OTHER	Renal Function	40	- SPECT, Flow + Function, Captopril	
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WRC Scans

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	Spent time with radiopharmacist in prep. of doses.
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	4	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELE THERAPY TREATMENT	0	
Cs-137	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	5	
Sr-90/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	5	
Other Sr-89	Bone Pain (Mets)	0	
Tl-201	Stress/Rest SPECT	40	
Ga-67	Infection/Neoplastic	15	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING
 Periodic Rotations from 7/93 - 6/97 total = 6 months
 = at least 960 hours

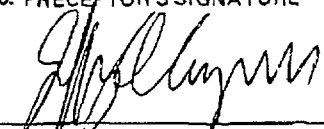
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
 Jeffrey A. Cosgrum

b. NAME OF INSTITUTION
 Albany Medical Ctr.

c. MAILING ADDRESS
 A-72

d. CITY
 Albany NY 12208

6. PRECEPTOR'S SIGNATURE


7. PRECEPTOR'S NAME (Please type or print)
 Jeffrey A. Cosgrum

8. DATE
 12/21/98

5. MATERIALS LICENSE NUMBER(S)



550 First Avenue, New York, N.Y. 10016
(212) 263-5295

To Whom It May Concern:

This is to certify that **JAMES F. KEENAN** participated in Course #604 **RADIATION, PHYSICS & BIOLOGY** for the period of August 26 - August 30, 1996. As an organization accredited for continuing medical education, the New York University Post Graduate Medical School certifies that the above continuing medical education activity meets the criteria for 34.5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. The NYU Post-Graduate Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Robert J. Soberman, M.D.
Associate Dean



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

10/23/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 44-11345-A 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** 139609.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader