

J-4  
MS-16

November 2, 2006

U.S. Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

45-31194-01  
03037354

RE: Training and Experience (Form 313A), Mail Control No. 139534

Dear Lizette Roldan:

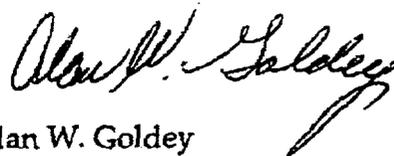
I am enclosing Form 313A to indicate my practical training and experience as a consultant in medical physics. Also enclosed is an attestation from a medical radiation safety officer and a listing of the medical licensees that I have provided quarterly audits as well as attended their Radiation Safety Committee meetings.

I have been providing medical physics consultation services for over 20 years. I have maintained my training by reading monthly journals in medical and health physics and reviewed NRC updates to keep current with changes in 10 CFR Parts 19, 20, 35, 70, 170, and 171. I must remain current in order to provide my clients with recommendations and guidance pertaining to licensing and reporting requirements.

I have handled licensed materials in order to perform necessary and on-going testing of dose calibrators, well counters, and calibrations for exposure rate and count rate survey meters. I have had experience in shielding design in setting up nuclear medicine departments, radiology departments and PET imaging centers. I have conducted closeout surveys to document the release of restricted areas for unrestricted use. I have made airflow measurements and calculated spilled gas clearance times for my clients that are licensed to use radioactive gas. I have conducted more than 200 in-service training sessions to review radiation safety, regulatory review, survey protocols, personnel exposure history, and relative risks from radiation exposure to physicians, technologists, nursing personnel and other non-occupational workers. Finally, I have conducted at least 200 fetal dose calculations for patients injected with licensed material.

I hope this information clarifies the requisite requirements. Should you have any questions, I can be contacted at (207) 324-4710 or my associated, Paramita Sengupta, at (301) 345-6803.

Sincerely,



Alan W. Goldey

139534  
NMSS/RGNI MATERIALS-002

U.S. Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

RE: Training and Experience with Medical Licensees, Mail Control No. 139534

Dear Lizette Roldan:

The following listing is provided to document past (1983 to 2006) medical physics consultations, quarterly audits/inspections, and participation in quarterly Radiation Safety Committee meetings for these medical licensees:

J.C Blair Memorial Hospital	Huntingdon, PA
Miners Medical Center	Hastings, PA
Mercy Hospital	Altoona, PA
Altoona Regional Medical Center	Altoona, PA
Tyrone Hospital	Tyrone, PA
Carlisle Hospital	Carlisle, PA
Camp Hill Hospital	Harrisburg, PA
Chambersburg Hospital	Chambersburg, PA
Waynesboro Hospital	Waynesboro, PA
Nason Hospital	Roaring Springs, PA
Virginia Hospital Center - Arlington	Arlington, VA
Alexandria Hospital	Alexandria, VA
Northern Virginia Community Hospital	Arlington, VA
Loudoun Hospital Center	Leesburg, VA
Reston Hospital Center	Reston, VA
Monongalia General Hospital	Morgantown, WV
Fairmont General Hospital	Fairmont, WV
Grafton City Hospital	Grafton, WV
Providence Hospital	Washington, DC
Sibley memorial Hospital	Washington, DC
Shady Grove Adventist Hospital	Rockville, MD
Washington Adventist Hospital	Takoma Park, MD
Holy Cross Hospital	Silver Spring, MD
Howard County General Hospital	Columbia, MD
Montgomery General Hospital	Olney, MD
Calvert Memorial Hospital	Prince Frederick, MD
CIVISTA Medical Center	La Plata, MD
Atlantic General Hospital	Berlin, MD
Prince George's Medical Center	Cheverly, MD
Kent and Queen Annes Hospital	Chestertown, MD
Easton Memorial Hospital	Easton, MD
Laurel Regional Hospital	Laurel, MD
Southern Maryland Hospital Center	Clinton, MD
Wyman Park Medical Center	Baltimore, MD
Lealand Memorial Hospital	Riverdale, MD

NRC FORM 312A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION <b>MEDICAL USE TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b>	APPROVED BY OMS: NO. 3150-0120 EXPIRES: 10/31/2008
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**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)

**ALAN W. GOLDEY - Radiation Safety Officer**

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

**3. CERTIFICATION**

a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.580(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(a); 35.51(c); 35.290(c)(1)(i)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(i)(G); 35.396(d)(1) and 35.396(d)(2); 35.580(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 6a (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)(i)(G) or 35.390(b)(1)(i)(G) or 35.580(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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			



**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

\* 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 Arnold M. Able, M.S. the RSO for License No. MD-33-023-01.

**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

B. Supervisor is:

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

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

for medical uses in Part 35, Section(s)

D. Address

E. Materials License Number

**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) \_\_\_\_\_ of this form.

11b. Select one

meets the requirements in  35.50(e)  35.51(c)  35.390(b)(1)(ii)(G)  35.680(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 \_\_\_\_\_ for \_\_\_\_\_ 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

Altoona Regional Health System  
Department of Radiation Oncology  
620 Howard Avenue  
Altoona PA 16801-4899

B. Materials License Number

37-11826-01

C. NAME OF PRECEPTOR (print clearly)

Michael A. Vince, Ph.D.

D. SIGNATURE - PRECEPTOR

*Michael A. Vince*

E. DATE

11-1-06

NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION <b>MEDICAL USE TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b>	APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2008	
<b>PART I - TRAINING AND EXPERIENCE</b>			
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) <p style="text-align: center; font-size: 1.2em;">ALAN W. GOLDEY - Radiation Safety Officer</p>			
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed			
<b>3. CERTIFICATION</b>			
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)(i)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(i)(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.			
<b>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</b>			
a. Provide a copy of the license or broadscope permit listing the current authorization and (a) 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)(i)(G) or 35.390(b)(1)(i)(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 35.596(a).			
<b>5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

NRC FORM 313A (12-2005) 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 \_\_\_\_\_ B. Supervisor is:
- Authorized User  Authorized Medical Physicist  
 Radiation Safety Officer  Authorized Nuclear Pharmacist
- C. Supervisor meets requirements of Part 35, Section(s) \_\_\_\_\_  
for medical uses in Part 35, Section(s) \_\_\_\_\_
- D. Address \_\_\_\_\_ E. Materials License Number \_\_\_\_\_

**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) \_\_\_\_\_ of this form.
- 11b. Select one  
 meets the requirements in  35.50(a)  35.51(c)  35.360(b)(1)(ii)(G)  35.680(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 35.950); **OR**  
 has achieved a level of competency sufficient to function independently as an authorized \_\_\_\_\_ for \_\_\_\_\_ 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 licenses; **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 by-product material uses (or units): \_\_\_\_\_

A. Address Washington Adventist Hospital B. Materials License Number MD-31-003-03  
7600 CATHOLIC AVE.  
Takoma Park, MD 20912

C. NAME OF PRECEPTOR Richard Cooper, M.D. D. SIGNATURE - PRECEPTOR Richard Cooper E. DATE 11-1-06

NRC FORM 312A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION <b>MEDICAL USE TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b>	APPROVED BY OMB: NO. 3190-0120 EXPIRES: 10/31/2008	
<b>PART I -- TRAINING AND EXPERIENCE</b>			
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) <div style="text-align: center; font-size: 1.2em;">                     ALAN W. GOLDEY - Radiation Safety Officer                 </div>			
2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed			
<b>3. CERTIFICATION</b>			
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); 35.398(d)(1) and 35.398(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.			
<b>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</b>			
a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c) b. Complete items 6a (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 35.398(a).			
<b>5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

**NRC FORM 313A** (10-2003) **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 \_\_\_\_\_ B. Supervisor is:
- Authorized User  Authorized Medical Physicist  
 Radiation Safety Officer  Authorized Nuclear Pharmacist
- C. Supervisor meets requirements of Part 35, Section(s) \_\_\_\_\_  
for medical uses in Part 35, Section(s) \_\_\_\_\_
- D. Address \_\_\_\_\_ E. Materials License Number \_\_\_\_\_

**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 35.880).

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) \_\_\_\_\_ of this form.

11b. Select one  
 meets the requirements in  35.50(e)  35.51(c)  35.300(b)(1)(II)(G)  35.880(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); **OR**  
 has achieved a level of competency sufficient to function independently as an authorized \_\_\_\_\_ for \_\_\_\_\_ 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 license; **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 VIRGINIA HOSPITAL CENTER B. Materials License Number  
1701 North George Mason Dr  
Arlington, VA 22205 45-01099-01

C. NAME OF PRECEPTOR (print clearly) RUSSELL E. McWEY MD D. SIGNATURE - PRECEPTOR [Signature] E. DATE 11-3-06