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DEPARTMENT OF IMAGING SERVICES
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BENNINGTON, VT 05201
802-447-5111

FAX COVER LETTER

The accompanying information is intended for the individual(s) identified below. If you have received this information in error, please immediately notify the sender by telephone to arrange for the return of the documents.

All information is required.

TO: RICHARD MCKINLEY	FROM: MATT RATELLE
DATE: 11/7/06	LOCATION: IMAGING FRONT DESK
COMPANY: S.V.M.C	COMPANY: Southwestern Vermont Health Care
FAX NUMBER: 610-337-5269	FAX NUMBER: 802-447-5108
RE:	PHONE NUMBER: 802-447-5111
TOTAL PAGES (Including cover): 3	

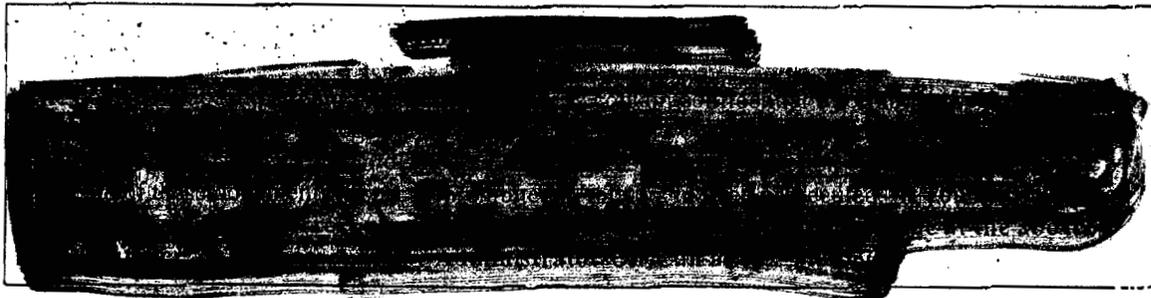
URGENT
 FOR REVIEW
 PLEASE COMMENT
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NOTES / COMMENTS:

CTRL # 139609

PRECEPTOR ATTESTATION UPDATE

PLEASE CALL IF ANY QUESTIONS (802) 447-5113



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)

DR. JAMES KEENAN

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

VERMONT

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			
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)

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) 35.920
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) 35.690(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 USER for 35.100; 35.200 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 10 CFR 35.100; 35.200 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): IMAGING & LOCALIZATION; ORAL ADMIN. I¹³¹ FOR

IMAGING / LOCALIZATION

A. Address

SOUTHWESTERN VT. MEDICAL CTR.
100 HOSPITAL DR.
BENNINGTON, VT. 05201

B. Materials License Number

44-11345-02

C. NAME OF PRECEPTOR (print clearly)

TERRELL L. COFFIELD MD

D. SIGNATURE -- PRECEPTOR

E. DATE

11-7-06