MID-ATLANTIC RADIATION PHYSICS
7233-D HANOVER PARKWAY • (301) 345-6803 • GREENBELT, MD 20770

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COMMENTS: Please find enclosed the preceptor attestation form for Alan W. Holden, B.S.

[redacted]

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NMSS/RGN1 MATERIALS-002

NRC FORM 313A (10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

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 35.590(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	Mid-Atlantic Radiation Physics	1500+	Laboratory 1983-2006
Radiation Protection	Mid-Atlantic Radiation Physics	2200+	Laboratory 1983-2006
Mathematics Pertaining to the Use and Measurement of Radioactivity	Mid-Atlantic Radiation Physics	2200+	Laboratory 1983-2006
Radiation Biology	Mid-Atlantic Radiation Physics	150+	Laboratory 1990-2006
Chemistry of Byproduct Material for Medical Use	Mid-Atlantic Rad. Phys. Medi physics	100+	Laboratory 1990-2006
OTHER Personnel Dosimetry	Mid-Atlantic Rad. Phys.	1000+	Laboratory 1985-2006

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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
Survey meter calibrations, dose calibrator and well counter calibrations	Dwight W. Glenn, Ph.D. Arnold M. Able, M.S.	MD-33-023-01	1983-2006 1500+hrs
Nuclear medicine and nuclear cardiology site and program audits	Dwight W. Glenn, Ph.D. DABR Arnold M. Able, M.S. DABR		1983-2006 2200+hrs
Fetal dose calculations			1990-2006 150+hrs
Review of personnel dosimetry			1985-2006 1000+hrs
Radiation safety in-service training lecturer for occupationally and non occupationally exposed individuals			1990-2006 400+hrs
Shielding design for x-ray producing equipment, licensed materials, including F-18 as FDG			1996-2006 100+hrs
Airflow measurements and determination of spilled gas clearance times			1988-2006 360+hrs
Close-out and decontamination surveys for the release of restricted areas			1988-2006 500+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-99m	Human diagnostic Instrument calibrations	500 800	Arnold Able, M.S., DABR Arnold Able, M.S. DABR	MD-33-023-01	250 hrs 1500+hrs
Xe-133	Human diagnostic	300+	Arnold Able, M.S, DABR	MD-33-023-01	360+hrs
I-131	Human therapeutic	60	Arnold Able, M.S DABR	MD-33-023-01	30 hrs
I-131	Veterinary therapeutic	300	David Herring, DVM	MD-33-023-01	100 hrs
Tl-201	Human diagnostic	200	Arnold Able, M.S., DABR	MD-33-023-01	100 hrs
I-125 & Pd-103	Human therapeutic	50	Arnold Able, MS DABR	MD-33-023-01	25 hrs
Cs-137	Human therapeutic Instrument calibrations	50 800	Arnold Able, M.S. DABR Arnold Able, M.S. DABR	MD-33-023-01	25 hrs 1500+hrs
Co-57	Instrument calibrations Shielding transmission studies	120 15	Arnold Able, M.S, DABR Arnold Able, MS, DABR	MD-33-023-01	200 hrs 30 hrs
Tc-99m	Shipping & receiving disposal	100 50	Arnold Able, MS DABR Arnold Able, MS, DABR	MD-33-023-01	30 hrs 25 hrs

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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 ☐ N/A Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervison. 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 ☐ N/A 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 _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

☐ YES ☐ N/A 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) _____ under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____ .

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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) ☐ 35.690(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 _____ 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 ☐ ANP
for the following byproduct material uses (or units): _____

A. Address

B. Materials License Number _____

C. NAME OF PRECEPTOR *(print clearly)*	D. SIGNATURE – PRECEPTOR	E. DATE
Paul S. Schaefer		11/7/06