



31 October 2006

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600 WEST RIDGE ROAD
WYTHEVILLE, VIRGINIA 24382
(276) 228-0200

Br. 1

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03011371

Re: Amendment to USNRC License # 45-16635-01 Wythe County Community Hospital

To Whom It May Concern:

Wythe County Community Hospital wishes to amend its current USNRC materials license to reflect changes in staff.

1. **Add Authorized User:** We would like to add **Keith Eric Cook, MD** for uses as described in **10 CFR 100 and 200**. Please find attached to this request USNRC form 313A, a copy of Dr. Cook's certification by The American Board of Nuclear Medicine, his Virginia license to practice medicine and Surgery, and a copy of his supervisors Preceptor/Applicant Statement from the Florida Department of Health Bureau of Radiation Control.

If you have any further questions regarding this amendment request or would like to discuss it further do not hesitate to contact me at (276) 228-0236 (Nuclear Medicine).

Sincerely,

A handwritten signature in black ink, appearing to read "Karl Ritch", written over a white background.

Karl Ritch, MD
Radiation Safety Officer
Authorized User

Attachments: as listed in item 1

Page 1 of 1

Wythe County Community Hospital USNRC License #45-16635-01
Amendment Request 31 October 2006

139733
NMSS/RGNI MATERIALS-002

**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)

Keith Eric Cook, MD, Authorized User, 10 CFR 35.190 and 35.290

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

Virginia License #0101240651 Expiration 12/31/2008

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	See attached Florida Preceptor Statement		
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

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
See attached Florida Preceptor Statement			

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
See Attached	Florida Preceptor				

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
N/A		

* 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)
N/A			

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)

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

George Sfakianakis, MD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 190, 290, and 390 (Florida Equivalent)

for medical uses in Part 35, Section(s) 100, 200, and 300 (Florida Equivalent)

D. Address

Jackson Memorial Hospital
Division of Nuclear Medicine
1611 NW 12th Avenue
Miami, Florida 33136

E. Materials License Number

Florida 1319-1 (A-84)

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) 190(a)(1), 290(a)(1) as documented in section(s) 5-6 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 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 User for 35.100, 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 35.190, 290 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): 35.100, 200

A. Address

Wythe County Community Hospital
600 West Ridge Road
Wytheville, Virginia 24382

B. Materials License Number

45-16635-01

C. NAME OF PRECEPTOR (print clearly)

Karl Ritch, MD

D. SIGNATURE -- PRECEPTOR

E. DATE

11/9/06

10/31/2006 TUE 12:05 FAX 276 228 0256 RADIOLOGY 010/010

The American Board of Nuclear Medicine

Incorporated 1971

Certifies that

Keith Eric Cook

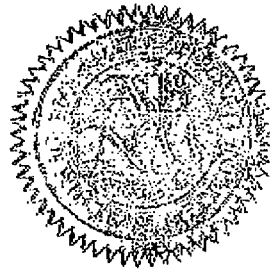
has met the requirements of this Board and is qualified
during the period of 2005 through 2015 to practice as a Specialist
in all aspects of Clinical and Laboratory

Nuclear Medicine

including but not limited to Radiobioassay, Nuclear Imaging,
In Vivo Measurements & Therapy with Unsealed Radionuclides

Tom R. Miller

Chairman



07530

Number
United States

J. Anthony Parker

Secretary-Treasurer



FLORIDA DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

PRECEPTOR/APPLICANT STATEMENT

Training and experience requirements for medical use of radioactive material are specified in Part VI, Subpart I of Chapter 64E-5, Florida Administrative Code (F.A.C.) (<http://www.doh.state.fl.us/environment/radiation/>). This document is to be completed by the applicant physician, the preceptor and designated individuals at the training medical institution such as Radiation Safety Committee Chairman or other Certifying Official. Use a separate document for each preceptor providing supervision of clinical training. Only clinical training received at a medical institution is acceptable.

INSTRUCTIONS:

Applicants with Radiological Specialty Board Certification or Accreditation for Graduate Medical Education Training in Nuclear Medicine needs to complete page 1 only.

OTHERWISE

An applicant wishing authorization only for diagnostic procedures needs to complete pages 1 – 4. (Examples are imaging of the brain, liver, heart, lungs, etc. or thyroid uptake.)

An applicant wishing authorization only for therapy procedures needs to complete pages 2 and, 5 – 7. (Example: treatment of thyroid cancer or hyperthyroidism, bone pain, or brachytherapy procedures to include permanent implants for treatment of prostate cancer, temporary implants for treatment of ovarian cancer, high dose rate remote afterloader devices (HDR) for treatment of ovarian caners or teletherapy sources.)

An applicant wishing authorization for both diagnostic and therapy procedures needs to complete pages 1 – 7.

NAME OF APPLICANT PHYSICIAN:	KEITH	COOK	<input checked="" type="checkbox"/>	M.D.
	First	Last	MI	D.O.

RADIOLOGICAL SPECIALTY BOARD CERTIFICATION (Attach photocopy of certificate)	DATE OF CERTIFICATE
American Board of Nuclear Medicine – Nuclear Medicine	Oct. 2005
American Board of Radiology – Diagnostic Radiology, Rad. Oncology, Radiology or Therapeutic Radiology	
American Osteopathic Board of Radiology – Diagnostic Radiology, Radiology or Radiation Oncology	
American Osteopathic Board of Nuclear Medicine – Nuclear Medicine	
British Fellow of the Faculty of Radiology or Royal College of Radiology – Radiotherapy	
Canadian Royal College of Physicians and Surgeons – Therapeutic Radiology	
<i>An applicant with one of the above certifications is not required to complete this document if a copy of the board certificate applicable to the requested uses is provided. If the applicant has completed training in uses other than those covered by the board certification, then this document needs to be completed to show the additional training and experience</i>	

- OR -

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) TRAINING IN NUCLEAR MEDICINE (Attach photocopies of provider certificates documenting completion of training. Some ACGME program numbers may be found using the search feature and reports tab at http://www.acgme.org/adspublic/)				
Institution Name & AGME Provider Number	Affiliated Hospital & Address	Directors Name	Director's Phone #	Dates of Training From – To
			Director's Fax #	
			Phone:	
			Fax	
			Phone:	
			Fax	

- OR -

PRECEPTOR/APPLICANT STATEMENT

An applicant physician who does not hold one of the above listed board certifications or who has not completed a 6-month ACGME-accredited program *must* submit documentation of didactic training and clinical experience. Complete the following didactic training table, and then complete the subsequent pages to document clinical experience. Include all required signatures.

INSTRUCTION IN BASIC RADIONUCLIDE HANDLING TECHNIQUES (DIDACTIC TRAINING) (Attach photocopies of any other documents such as letters or certificates that demonstrate completion of didactic training)			
DIDACTIC TRAINING PROVIDER (include name, address, telephone number and radioactive material license number)	TOPICS (Required hours are for 64E-5.627 authorization: fewer hours are needed for 64E-5.626 or 64E-5.631 procedures)	TRAINING DATES FROM - TO:	TOTAL HOURS TRAINED
	Radiation Physics and Instrumentation (15 hours required for 64E-5.626) (100 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (110 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)	07/01/97- 06/30/02	200
	Radiation Protection (10 hours required for 64E-5.626) (30 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (40 hours required for 64E-5.632 and .634) (2 hours required for 64E-5.631)	"	30
	Mathematics Pertaining to the Use and Measurement of Radioactivity (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (10 hours required for 64E-5.630) (4 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)	"	20
	Radiopharmaceutical Chemistry (5 hours required for 64E-5.626) (30 hours required for 64E-5.627) (No hours required for 64E-5.630) (No hours required for Sr-90 eye applicator) (No hours required for 64E-5.632 and .634) (No hours required for 64E-5.631)	"	40
	Radiation Biology (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (20 hours required for 64E-5.630) (8 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)	"	20
	TOTAL Hours from above (40 hours required for 64E-5.626) (200 hours required for 64E-5.627) (80 hours required for 64E-5.630) (24 hours required for Sr-90 eye applicator) (200 hours required for 64E-5.632 and .634) (8 hours required for 64E-5.631)	"	310

PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:	KEITH	COOK	<input checked="" type="checkbox"/>	M.D.
	First	Last	<input type="checkbox"/>	D.O.

UPTAKE, DILUTION OR EXCRETION STUDIES (64E-5.626, F.A.C.)

CLINICAL TRAINING RECEIVED UNDER THE SUPERVISION OF AN AUTHORIZED USER AS SPECIFIED IN 64E-5.649(2)(b), F.A.C.		CLINICAL TRAINING HOURS
Mark each box as applicable: <input checked="" type="checkbox"/> Examined patients and reviewed their case histories to determine their suitability for radionuclide diagnosis, including limitations or contraindications <input checked="" type="checkbox"/> Selected the suitable radiopharmaceutical and calculated and measured the dosage <input checked="" type="checkbox"/> Administered dosages to patients using syringe radiation shields <input checked="" type="checkbox"/> Performed patient follow-up		130 (Minimum of 20 hours)

IMAGING AND LOCALIZATION STUDIES (64E-5.627, F.A.C.)

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CARDIAC ONLY/RENAL STUDIES
<input checked="" type="checkbox"/> Tl-201 and/or Tc-99m	Cardiac Imaging
<input checked="" type="checkbox"/> Xe-133 or Xe-127	Blood Flow Studies and Pulmonary Function Studies
<input checked="" type="checkbox"/> F-18	Cardiac Positron Emission Tomography (PET)
<input checked="" type="checkbox"/> Other:	Other Cardiac Studies
<input checked="" type="checkbox"/> Other:	Renal Studies
RADIONUCLIDE	NON-CARDIAC STUDIES
<input checked="" type="checkbox"/> F-18	Non-Cardiac Positron Emission Tomography (PET)
<input checked="" type="checkbox"/> Other:	Non-Cardiac Imaging and Localization
RADIONUCLIDE	GENERATORS AND REAGENT KITS
<input checked="" type="checkbox"/> Mo-99/Tc-99m Generator	Eluted Tc-99m from generator, assayed and tested the eluate for Mo-99 and alumina contamination as specified in 64E-5.650, F.A.C.
<input checked="" type="checkbox"/> Sr-82/Rb-82 Generator	Eluted Rb-82 from generator, assayed and tested the eluate for Sr-82 and tin contamination
<input checked="" type="checkbox"/> Tc-99m Reagent Kits	Processed reagent kits to prepare Tc-99m labeled radiopharmaceuticals
<input checked="" type="checkbox"/> Other:	

DIAGNOSTIC RADIOPHARMACEUTICAL CLINICAL TRAINING (64E-5.627, F.A.C.)

Completed 500 hours of work experience and 500 hours of clinical experience concurrently under the supervision of an authorized user at a medical institution, as specified in 64E-5.650(2)(b) and (c), F.A.C., including the following:

- Ordered, received and unpacked radioactive materials safely and performed the related radiation surveys
- Calibrated dose calibrators and diagnostic instruments and performed checks for proper operation of survey meters
- Calculated and prepared patient dosages and used administrative controls to prevent misadministration
- Used emergency procedures to contain spilled radioactive material and used proper decontamination procedures
- Eluted Tc-99m from generator systems, assaying and testing the elute for Mo-99 and alumina contamination, and processing the elute with reagent kits to prepare Tc-99m-labeled radiopharmaceuticals
- Examined patients and reviewed each case history to determine their suitability for radionuclide diagnosis, including limitations or contraindications
- Selected the suitable radiopharmaceutical and calculated and measured the dosages; administered dosages to patients and used syringe radiation shields; collaborated with the authorized user in the interpretation of radionuclide test results; patient follow-up

PRECEPTOR/APPLICANT STATEMENT

SEALED SOURCES FOR DIAGNOSIS (64E-5.631, F.A.C.)

SOURCE AND DEVICE MANUFACTURER AND MODEL NUMBER <i>MA</i>	CLINICAL TRAINING/DEVICE SPECIFIC <input type="checkbox"/> 2 hours of training in use of the device as specified in 64E-5.654(2)(c), F.A.C.	TOTAL CLINICAL HOURS TRAINED (min. of 8 hrs.)
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DIAGNOSTIC TRAINING VERIFICATION

Hours of specific training for diagnostic procedures must include both radiation safety and patient-related topics as specified in 64E-5.649 - 64E-5.654, F.A.C., as applicable. All information in Items 2 - 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. -OR- Items 11 and 12 may be completed by a certifying official for the preceptoring medical institution. A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution. If training was performed at more than one institution, obtain a separate completed statement from each.

1. Applicant Physician's Name (print): Keith Cook, M.D. Phone: (301) 856-5288 Extension: -	4. Applicant Physician's Signature: <i>[Signature]</i> Date:
2. Name and Address of Preceptoring Medical Institution: Jackson Memorial Hospital Division of Nuclear Medicine 1611 N.W. 12th Avenue Miami, FL 33136 Phone: (305) 585-7955 Extension: -	5. Dates of Training: From 07/01/97 To: 06/30/02
	6. Total Number of Clinical Hours in Training: 1,000
	7. Preceptoring Medical Institution's Radioactive Materials License No.: 1319-1 (A-84)
	8. Preceptoring Physician's Name (print): George Sfakianakis, M.D. Phone: (305) 585-7955 Extension: -
3. Name of Medical Director of Residency Program (print): George Sfakianakis, M.D. Phone: (305) 585-7955 Extension: -	9. Preceptoring Physician's Signature: <i>[Signature]</i> Date: 9/29/06

Florida requires documentation of clinical training from the RSC of the preceptoring medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Preceptoring Institution's RSC Chair (print): George Sfakianakis, M.D. Phone: (305) 585-7955 Extension:	11. Radiation Safety Committee Chair's Signature: <i>[Signature]</i> Date: 9/29/06
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- OR -

12. Name of Medical Institution's Certifying Official (print): Phone: Extension:	13. Certifying Official's Signature: Date:
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PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:	KEITH	COOK	<input checked="" type="checkbox"/>	M.D.
	First	Last	<input type="checkbox"/>	D.O.

THERAPEUTIC RADIOPHARMACEUTICAL CLINICAL TRAINING (64E-5.630, F.A.C.)

(Training and experience as specified in 64E-5.651, F.A.C.)

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
P-32 (colloidal) or Au-198 (colloidal)	Intracavitary Treatment of Malignant Effusions	3	0
I-131	Treatment of Cardiac Dysfunction or Hyperthyroidism	10	75
I-131	Treatment of Thyroid Carcinoma	3	24
I-131, P-32 (soluble), Sr-89, Sm-153 or Y-90	Systemic Therapy Treatments	3	26
Other:		-	-

OPHTHALMIC USE OF STRONTIUM 90 CLINICAL TRAINING (64E-5.632, F.A.C.)

(Training and experience shall be as specified in 64E-5.653, F.A.C.)

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
Sr-90	Treatment of Eye Disease	5	0

Mark each box as applicable:

- Received clinical training in ophthalmic radiotherapy ^{N/A} under the supervision of an authorized user at a medical institution, including the use of strontium 90 for the ophthalmic treatment of 5 individuals, including each of the following as indicated.
- Examination of each individual to be treated
 - Administration of the dose
 - Calculation of the dose to be administered
 - Follow-up and review of each individual's case history

THERAPEUTIC BRACHYTHERAPY CLINICAL TRAINING (64E-5.632, F.A.C.)

(Training and experience as specified in section 64E-5.652, F.A.C.)

RADIONUCLIDE	CONDITIONS DIAGNOSED OR TREATED
<input type="checkbox"/> Cs-137	Interstitial Treatment
<input type="checkbox"/> Co-60	Interstitial, Topical or Intracavitary Treatments
<input type="checkbox"/> Rn-222	Interstitial Treatment
<input type="checkbox"/> Ir-192	Interstitial Treatment
<input type="checkbox"/> Pd-103	Interstitial Treatment
<input type="checkbox"/> I-125	Interstitial Treatment
<input type="checkbox"/> Ir-192	Use of High Dose Rate Remote Afterloaders
<input type="checkbox"/> Au-198	Interstitial, Intracavitary or Topical Treatments
<input type="checkbox"/> Cs-137 or Ra-226	Interstitial, Intracavitary or Topical Treatments
<input type="checkbox"/> Other:	

PRECEPTOR/APPLICANT STATEMENT

THERAPEUTIC BRACHYTHERAPY CLINICAL TRAINING (64E-5.632, F.A.C.)

(continued)

Mark each box as applicable:

- Completed 500 hours of work experience under the supervision of an authorized user at a medical institution including the following:
 - Ordered, received, and unpacked radioactive materials safely and performed the related radiation surveys
 - Checked survey meters for proper operation
 - Prepared, implanted and removed sealed sources
 - Used administrative controls to prevent the misadministration of radioactive material
 - Used emergency procedures to control radioactive material
- Completed 3 years of supervised clinical experience including one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution, including the following:
 - Examined individuals and reviewing their case histories to determine their suitability for brachytherapy treatment, and any limitations or contraindications
 - Selected the proper brachytherapy source, dose, and method of administration
 - Calculated the dose
 - Conducted post-administration follow-up and review of case histories in collaboration with the authorized user

TELETHERAPY CLINICAL TRAINING (64E-5.634, F.A.C.)

(Training and experience as specified in 64E-5.655, F.A.C.)

RADIONUCLIDE	CONDITION TREATED
<input type="checkbox"/> Co-60	NA


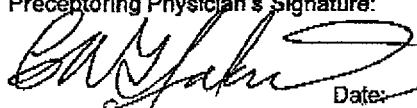
Mark each box as applicable:

- Completed 500 hours of work experience under the supervision of an authorized user at a medical institution including each of the following as indicated.
 - Review of the full calibration measurements and periodic spot checks
 - Preparing treatment plans and calculating treatment times
 - Using administrative controls to prevent misadministrations
 - Implementing emergency procedures to be followed in the event of the abnormal operation of a teletherapy unit or console
 - Checking and using survey meters
- Completed 3 years of supervised clinical experience including 1 year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and 2 years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution, including the following:
 - Examining individuals and reviewing each case history to determine their suitability for teletherapy treatment, and any limitations or contraindications
 - Selecting the proper dose and how it is to be administered
 - Calculating the teletherapy doses and collaborating with the authorized user in the review of the patient's progress and consideration of the need to modify originally prescribed doses as warranted by the patient's reaction to radiation
 - Post-administration follow-up and review of case histories

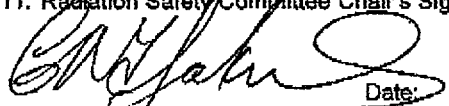
PRECEPTOR/APPLICANT STATEMENT

THERAPEUTIC TRAINING VERIFICATION

Hours of specific training for therapeutic procedures must include both radiation safety and patient-related topics as specified in 64E-5.651 - 64E-5.655, F.A.C., as applicable. All information in items 2 - 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. -OR- Items 11 and 12 may be completed by a certifying official for the medical institution. (A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution.). If training was performed at more than one institution, obtain a separate, completed statement from each.

1. Applicant Physician's Name (print): Keith Cook, M.D. Phone: (301) 856-5288 Extension:	4. Applicant Physician's Signature:  Date:
2. Name and Address of Precepting Medical Institution: Jackson Memorial Hospital Division of Nuclear Medicine 1611 N.W. 12th Avenue Miami, FL 33136 Phone: (305) 585-7955 Extension: -	5. Dates of Training: From 07/01/97 To: 06/30/02 6. Total Number of Clinical Hours in Training: 1,000 7. Precepting Medical Institution's Radioactive Materials License No.: 1319-1 (A-84) 8. Precepting Physician's Name (print): George Sfakianakis, M.D. Phone: (305) 585-7955 Extension: -
3. Name of Medical Director of Residency Program (print): George Sfakianakis, M.D. Phone: (305) 585-7955 Extension: -	9. Precepting Physician's Signature:  Date: 9/29/06

Florida requires documentation of clinical training from the RSC of the precepting medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Precepting Institution's RSC Chair (print): George Sfakianakis, M.D. Phone: (305) 585-7955 Extension: -	11. Radiation Safety Committee Chair's Signature:  Date: 9/29/06
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- OR -

12. Name of Medical Institution's Certifying Official (print): Phone: Extension:	13. Certifying Official's Signature: Date:
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This is to acknowledge the receipt of your letter/application dated

10/31/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-16635-01 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** 139733.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.