



COMMUNITY MEMORIAL HEALTHCENTER

125 Buena Vista Circle • Post Office Box 90 • South Hill, Virginia 23970-0090 • Telephone (434) 447-3151

NM581

November 22, 2006

United States Nuclear Regulatory Commission  
Region I – Division of Nuclear Safety  
475 Allendale Road  
King of Prussia, PA 19406

Dear Sir or Madam:

We would like to request that Mrs. Judy Newman be named as Radiation Safety Officer. Ms. Newman has been acting as Assistant Radiation Safety Officer for the last three years and Dr. Olson has completed the attached attestation form (313A) which document Mrs. Newman's training and experience. The physicians presently serving as authorized users and RSO will be leaving our facility with in the next 25 days and we will be using locum tenen physicians until a new group arrives in April of 2007. We will advise you of these changes as they occur.

Your prompt attention to this request is appreciated.

Sincerely,

W. Scott Burnette, FACHE  
President and CEO

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WSB/crp

NRC # 45-19273-01

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NMSS/RONI 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) Judy O. Newman, RT(R), CNMT: 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 1 1b 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                              | Maria Parham School of Radiology<br>Henderson, NC | 150         | 06/1971-06/1973   |
| Radiation Protection   | Maria Parham School of Radiology<br>Henderson, NC | 150         | 06/1971-06/1973   |
| Mathematics Pertaining to the Use and Measurement of Radioactivity | Maria Parham School of Radiology<br>Henderson, NC | 100         | 06/1971-06/1973   |
| Radiation Biology  | Maria Parham School of Radiology<br>Henderson, NC | 100         | 06/1971-06/1973   |
| Chemistry of Byproduct Material for Medical Use                    | Maria Parham School of Radiology<br>Henderson, NC | 100         | 06/1971-06/1973   |
| OTHER  |   |             |                   |

(10-2005)

**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 |
|---|---|---|--|
| Approved by Radiation Safety Committee as Assistant RSO 9/2003  | William B. Olson MD, RSO  | Community Memorial Healthcenter<br>45-19273-01      | 9/2003-present<br>>8000hours           |
| Shipping, receiving and performing related radiation surveys  | William J. Beavers MD, RSO<br>Lewis R. Rash III, RSO William B. Olson MD, RSO | Community Memorial Healthcenter<br>45-19273-01      | 1982-present<br>>40,000hours           |
| Using and performing checks for proper operation of instruments used to determine the activity of dosages     | "   | "   | "                                      |
| Using survey meters, and instruments used securing and controlling byproduct material                         | "   | "   | "                                      |
| Using administrative controls to avoid mistakes in the administration of byproduct material                   | "   | "   | "                                      |
| Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures | "   | "   | "                                      |
| Using emergency procedures to control byproduct material  | "   | "   | "                                      |
| Disposing of byproduct material   | "   | "   | "                                      |

**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 |
|--------------|-------------|---|--------------------------------|---|--|
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
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|              |             |   |                                |   |  |
|              |             |   |                                |   |  |

(10-2005)

**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                                   |
|--|---|--|
| Training in the radiation safety, regulatory issues and emergency procedures | Uses associate with uses in 35.100 & 35.200 | Community Memorial Healthcenter<br>9/1981 to Present |
|  |   |  |
|  |   |  |
|  |   |  |

\* 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 William B. Olson MD the RSO for License No. **45-19273-01**

**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  
☐ N/A 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)

(10-2005)

**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: **William B. Olson, RSO**

is:

B.  
Supervisor**RSO X**

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) **35.5**for medical uses in Part 35, Section(s) **35.100 & 35.200**D. Address **Radiology Department, Community Memorial Healthcenter, 125 Buena Vista Circle, South Hill, VA 23970**E. Materials License Number **45-19273-01****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: **Judy O. Newman RT(R), CNMT**

11a.

**X** has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s)as documented in section(s) **6a** of this form.

11 b. Select one

**x** meets the requirements in **x** 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) forN/A types of use, as documented in section(s) **6c** of this form.

11 c.

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****x** 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****x** I am a Radiation Safety Officer**or**

of 100CR Part 35

I meet the requirements of

or equivalent Agreement State requirements to be a preceptor

AU or AM

for the following byproduct material uses (or units):

A. Address: **Radiology Department  
Community Memorial Healthcenter  
125 Buena Vista Circle  
South Hill, VA 23970**

B. Materials License Number  
**45-19273-01**

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE

**William B. Olson, MD**

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

11/22/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 45-19273-01 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** 139769.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.