Red Rose Cardiology

J-6 MS-16 37-30854-01 03036446

ELLEN K. SMITH, M.D., F.A.C.C.

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Dennis Lawyer	Bethany Porter, Site Manager
COMPANY NRC	олте: 12/4/06
FAX NUMBER: 610-337-5269	TOTAL NO. OF PAGES INCLUDING COVERS
PHONE NUMBER:	PAXED FROM: 717-735-8152
Ellen Smith, M.D.	ACCOUNT NUMBER:

☐ URGENT ☐ FOR REVIEW → ☐ PLEASE COMMENT ☐ PLEASE REPLY

D PLEASE RECYCLE



MR LAWYER - HERE IS THE DOCUMEN TATION YOU HAVE BEEN WAITING ON.

NRC	FORM	313A
(10-20)	151	

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

Descriptions of training and experience must contain sufficient detail to match the training and experience Note: criteria in the applicable regulation (10 CFR Part 35)

Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35,50)

Ellen Smith, M.D.

Authorized user 10 CFR 35,190, 10 CFR 35,290

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

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.)
- 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 PHARMÁCISTS (ANP) SEEKING ADDITIONAL AUTHÓRIZATIONS
- 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	M AND LABORATORY TRAININ	NG (optional for Medic	cal Physicists)
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
		; 	
Radiation Protection			
! :	e e la carattario	Ì	İ
Mathematics Pertaining to the Use and Measurement of Radioactivity		·	
	· ·		
Radiation Biology			
Chemistry of Byproduct Material for Medical Use		: !	
OTHER			

NRC FORM 313A (10-2005) ME	EDICAL USE TRAINING	AND EX	PERIENCE	AND PRECEPTOR	U.S. NUCLEAR REGULAT ATTESTATION (contin	
				EXPERIENCE WITH		
Desc	cription of Experience		s	Name of supervising advidual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
eluate, and proc	rs, measuring and resting the essing the eluate with reagned radioactive drugs.		CLifton	wesser RAL dry	1351 Hamsburg 194 17/11 137-36724-41-10	12/01/06 4hrs
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6	b. SUPERVISED CLINI			IENCE (describe ex	perience elements in 6	
Radionuclide	Type of Use	No. of C Involv Perso Particip	ring ! Inal	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
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	<u> </u>	<u> </u>				PAGE 2

NRC FORM : (10-2005)		RAINING AND	EXPERIENCE	AND PRE	CEPTOR	U.S. NUCLEAR REGULA ATTESTATION (conti	
						90(c), or 35.690(c)	nueu)
	Training Element		Type of Ti		(0), 55.0.	Location and I	Nates
			, , , , , , , , , , , , , , , , , , ,			Evolution and	Dates
			- 4,		[• • •
	. 						
						•	
* Types of t vendor tra						(c), and 35 690(c)), dida	
7. FOR	RMAL TRAINING	Physicians	(for uses unde	≥r 35.400 an	d 35.600) and Medical Physicis	sts
_	e, Area of Study or dency Program	Name of Pr Location Corresp Mate License	on with conding crials	Dates		Name of Organi Approved the (e.g., Accreditati for Graduate Medic and the Applicabl (e.g., 10 CFR	Program ion Council cal Education) e Regulation
· 1				·	·		
	8. RADIATI	ON SAFETY	OFFICER (RSO) ONE-YE	AR FUL	L-TIME EXPERIENCE	
YES N/A	Completed 1 year	of full-time rad	,	xperience (ir he RSO for L		dentified in item 6a) unde lo.	er supervison.
	9. MEDICAL	PHYSICIST	ONE-YEAR FI	ULL-TIME T	RAINING	WORK EXPERIENCE	
YES N/A	(35.961) or medic	al physics (35.	.51) under the s	supervision o	of	in therapeutic radiologic	
		, ,	an				
YES	Completed 1 year and for topics ider		ork experience ((at location p		radiation therapy service	es described
✓ N/A	under the supervis		a) for (specify t			medical physicist (35.96	i1) or meets
	requirements for A	Authorized Me	dical Physicists	(35.51) (spe	ecify use	or device)	

NRC FOI (10-2005)		U.S. NUCLEAR REGULATORY COMMISSION EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
	10. SUPERVISING INDI	VIDUAL IDENTIFICATION AND QUALIFICATIONS
The trai	ning and experience indicated above wal is needed to meet requirements in 1	ras obtained under the supervision of (if more than one supervising O CFR Part 35, provide the following information for each):
Α.	Name of Supervisor	3. Supervisor is:
Pa	ıl T. Collura, MD	Authorized User Authorized Medical Physicist
	and the second s	✓ Radiation Safety Officer Authorized Nuclear Pharmacist
C.	Supervisor meets requirements of Par	: 35, Section(s) 35.290
	for medical uses in Part 35, Section(s)	35,100 and 35,200
D.	Address	E. Materials License Number
	Lancaster Regional Medical Center 250 Columbia Avenue Lancaster, PA 17604-3509	37-01580-04
Note:	This part must be completed by the inc	II PRECEPTOR ATTESTATION dividual's preceptor. If more than one preceptor is necessary to document or statement from each. This part is not required to meet training opart J (except 35.980).
l attes	the individual named in Item 1:	
11a. ✓	has satisfactorily completed the req	uirements in Part 35, Section(s) and Paragraph(s) 35.290,(1)(ii)(G)
	as documented in section(s) 6a	of this form.
11b. S	h	0(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for tion(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
□ V N/A	Officer for a medical use licensee;	fety knowledge sufficient to function independently as a Radiation Safety OF
11d.	I am an Authorized Nuclear Pharmacis	t; Or am a Radiation Safety Officer; Or
	I meet the requirements of	section(s) of 10 CFR Part 35
	or equivalent Agreement State requirer	nents to be a preceptor AU or AMP
	for the following byproduct material us	es (or units):
A. Ąd	dress	B. Materials License Number
250	ncaster Regional Medical Center I Columbia Avenue Icaster, PA 17604-3509	32-01580-04
	OF PRECEPTOR (print clearly)	D. SIGNATURE - PRECEDIOR DE DAYE AUXI CACCULATION 12-1-04



Dennis Lawyer
2006 Nuclear Materials Safety Section
Division of Safety & Safeguards
U.S.N.R.C. -- Region I
475 Allendale Road
King of Prussia, PA 19406

December 1, 2006

License No:

37-30854-01

Docket No.

03036446

Control No.

139419

Dear Mr. Lawyer,

As referenced in CFR Part 35, Section 290 (c)(1)(ii)(G), I attest that Ellen Smith, M.D. has completed practical experience in cluting generator appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the cluate for radionuclide purity and processing the cluate with reagent kits to prepare labeled radioactive drugs.

Sincerely,

Authorized User

Name: Clifton WeBBER

Address: 135/ Eisenhoner Blud suite 206 Harrismung

hu Paph Beno

License No.: 37-30724-01m0