

DATE: 6 SEP 06

TO: Nuclear Regulatory Commission
Materials Licensing Branch (Region III)

REF: Materials License Number 24-15095-01

ATTN: Loren J. Hueter

FROM: 1LT Kevin S. Mattern
126 Missouri Avenue
ATTN MCXP-PMD-RP (Room 70/Box 1232)
Fort Leonard Wood, MO 65473
(573)596-0449
kevin.mattern@amedd.army.mil

A
030-08561

REMARKS: Attached is the NRC Form 313a for two individuals we wish to add to our license, Dr. Matthew Hudkins and Dr. Matthew Hrastich, as authorized users, along with documentation of their training (12 pages). Please let me know when you receive this fax and if there is any other documentation or forms that you need from us.

315682

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)

Hudkins, Matthew G.

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

Louisiana + Missouri

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

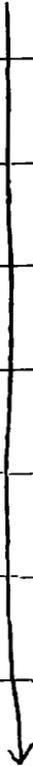
- a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) 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)

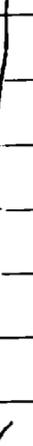
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	See enclosed documentation ↓		
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

NRC FORM 313A (10-2005) U.S. NUCLEAR REGULATORY COMMISSION
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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 enclosed documentation 			

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 enclosed documentation 					

NRC FORM 313A (10-2005)		U.S. NUCLEAR REGULATORY COMMISSION	
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	
See enclosed documentation ↓			
* 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)
See enclosed documentation			
8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE			
<input type="checkbox"/> YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.			
<input checked="" type="checkbox"/> N/A of _____ the RSO for License No. _____			
9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input type="checkbox"/> 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 _____			
<input checked="" type="checkbox"/> N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);			
and			
<input type="checkbox"/> 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) _____			
<input checked="" type="checkbox"/> 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) _____			

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:

Adam Benson M.D.

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.390

for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300

D. Address

126 Missouri Ave.
Fort Leonard Wood, MO 65473

E. Materials License Number

24-15095-01

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:

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 _____ types of use, as documented in section(s) 5-7 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 _____ 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 AMP

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

A. Address

126 Missouri Ave.
Fort Leonard Wood, MO 65473

B. Materials License Number

24-15095-01

C. NAME OF PRECEPTOR (print clearly)

Adam Benson M.D.

D. SIGNATURE -- PRECEPTOR

Adam Benson, M.D.

E. DATE

8/21/06

RUN ON 06/16/2005-1355

TULANE
RADIOLOGIST STATISTICS
RESIDENT: MATTHEW HUDKINS, M.D.

EXAM TYPE: NM - NUCLEAR MEDICINE
FOR PERIOD 07/01/2001 TO 06/15/2005

EXAMS	TOTAL	PATIENTS
NM BILIARY/GALLBLADDER W/ EJEC	3	3
NM BILIARY	7	7
NM BONE 3 PHASE	8	8
NM BONE/JOINT WHOLE BODY	73	73
NM BONE LIMITED AREA	5	5
NM BONE SPECT	5	5
NM CARDIOLITE PERF W/ EJEC FR	123	123
NM CARDIOLITE PERF W/ WALL MOT	123	123
NM CARDIOLITE SPECT REST ONLY	13	13
NM CARDIOLITE SPECT STRESS ONL	70	70
NM CARDIOLITE SPECT REST & STR	54	54
NM CISTERNOGRAM IMAGING	1	1
NM GALLIUM SPECT ACCESS LOCATI	3	3
NM GALLIUM W.B. TUMOR LOCATION	13	13
NM GASTRIC EMPTYING	13	13
NM GASTRO-INTESTINAL BLEED RBC	2	2
GLOFIL RENAL FUNCTION ONLY	5	5
NM INDIUM WBC LIMITED	1	1
NM INDIUM WBC WHOLE BODY	9	9
NM LIVER W/ RBC VASCULAR FLOW	1	1
NM LIVER/SPLEEN SCAN	3	3
NM LIVER/SPLEEN SPECT	2	2
NM LUNG PERFUSION	1	1
NM LUNG VENTILATION XENON	1	1
NM LYMPHATICS & LYMPH GLANDS	7	7
NM METASTRON INJ. RK	1	1
NM MIBG	1	1
NM MUGA RESTING	32	32
OCTREOSCAN PLANAR	1	1
OCTREOSCAN SPECT	1	1
PROSTACINT PLANAR SCAN	7	7
PROSTACINT SPECT SCAN	2	2
NM QUANTITATIVE LUNG (SPLIT)	1	1
NM RENAL MAG3 W/CAPTAPRIL	3	3
NM RENAL IMAGING WITH FUNCTION	1	1
NM RENAL MAG3 W/VASC FL & FUNC	39	39
RENAL SC FL & FNCT MULTIPL	1	1
SENTINEL NODE IMAGING	1	1
NM THAL PERF SPECT STRESS	1	1
NM THAL PERF SPECT ST AND RD	1	1
THYROID UPTAKE, SCAN 24HR DELAY	1	1
NM THYROID METASTATIC SURVEY W	2	2
NM THYROID ABLATION	1	1
NM THYROID UPTAKE & SCAN I-123	12	12
NM THYROID THERAPY I131 HYPER	3	3
NM LUNG VENTILATION/PERFUSION	28	28
TOTAL	686	686

(CONTINUED)

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)

Matthew Hrynstich, DO

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

Missouri

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	<i>see enclosed documentation</i>		
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)

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 enclosed Documentation ↓			

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 enclosed documentation ↓	See enclosed documentation				

NRC FORM 313A (10-2005) U.S. NUCLEAR REGULATORY COMMISSION
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)

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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)
see enclosed documentation			

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) _____

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

Adam Benson M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.390

for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300

D. Address

126 Missouri Ave.
Fort Leonardwood, MD 65473

E. Materials License Number

24-15095-01

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:

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 _____ types of use, as documented in section(s) 5-7 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 AMP

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

A. Address

126 Missouri Ave
Fort Leonardwood, MD 65473

B. Materials License Number

24-15095-01

C. NAME OF PRECEPTOR (print clearly)

Adam Benson M.D.

D. SIGNATURE - PRECEPTOR

Adam Benson, MD

E. DATE

8/21/06



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON 98431

MCHJ-RNM

27 July 2005

MEMORANDUM FOR RECORD

SUBJECT: NRC Preceptor report

1. CPT Matthew Hrastich attended 10 of the required days in the nuclear pharmacy for a minimum of 60 hours of didactic training.
2. CPT Hrastich obtained one out of the 10 required hyperthyroidism therapies during his residency.
3. From 2001-2005 there were 86 therapies performed for hyperthyroidism.
4. CPT Hrastich obtained 3 of the 3 required thyroid cancer therapies during his residency.
5. From 2001-2005 there were 70 cancer ablations performed.
6. POC is the undersigned.

A handwritten signature in black ink, appearing to read "Jane Besich-Carter".

Jane Besich-Carter BCNP
Clinical Nuclear Pharmacist

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Matthew A. Krastich, DO

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this eighth day of June, 2005

*Thereby demonstrating to the satisfaction of the Board,
that he is qualified to practice the specialty of*

Diagnostic Radiology



Certificate No. 52327

Thomas A. Licht, M.D.
President

Michael T. Hoppe, MD
Secretary-Treasurer

R.P. Harty, MD
Executive Director



Valid through 2015