

Centra Health

3300 Rivermont Avenue
Lynchburg, VA 24503-2053
(804) 947-4000

RECEIVED
REGION 1

2006 DEC -7 PM 12: 43

December 4, 2006

U.S. NRC Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Br. 1

Attn: Ms. Sandy Gabriel

**Subject: 1) Request for Addition of Authorized Users under NRC
License # 45-02207-01** 03003309

Dear Ms. Gabriel,

I would like to request approval for three new physicians to be listed as authorized users on our NRC license (#45-02207-01). The name of the first physician is Dr. Daniel W. Schepens. Dr. Schepens has a signed preceptor statement and proof of the required training (see attached) to be listed under 10 CFR Parts 35.100, 32.200, and 35.300 including the ability to administer I-131 therapies and diagnostic studies.

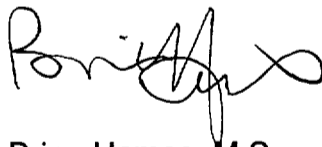
Dr. Timothy B. Hellewell has a signed preceptor statement (see attached) and is to be listed under 10 CFR Parts 35.100 and 35.200.

Dr. Kenneth C. Hite has a signed preceptor statement (see attached) and is to be listed under 10 CFR Parts 35.100 and 35.200.

Drs. Schepens, Hellewell, and Hite received unanimous approval by the Radiation Safety Committee on November 9, 2006 to be added to the license.

If you have any questions or need further information please call me at (434) 947-4010. Thank you for your assistance in this matter.

Sincerely,





Brian Hames, M.S.
Radiation Safety Officer

139817
NMSG/RGN MATERIALS-002

Training and Experience of Authorized User or Radiation Safety Officer

PRECEPTOR STATEMENT

This form must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
Applicant Physician's Name and Address			
Full Name Daniel W. Schepens, MD			
Street Address 		PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.	
City, State, Zip 			
Certification Diagnostic Radiology			
Category Radiology			
Month and Year Certified (attach copy of board certification) June, 2005			
Handling Techniques to Include Location and Preceptor Statement 200 hours required in basic radioisotopes			
Field of Training	Location and Date(s) of Training	Type and Length of Training	
		Lecture/Laboratory Courses (Hours)	Supervised Laboratory Experience (Hours)
Radiation Physics and Instrumentation	The University of Mississippi Medical Center	40	20
Radiation Protection	2500 North State Street	30	20
Mathematics Pertaining to the Use and Measurement of Radioactivity	Jackson, Mississippi 39216-4505 7/1/2001 – 6/30/2005	30	10
Radiation Biology		20	5
Radiopharmaceutical Chemistry		10	20
Tc-99m Generator		5	10

Reagent Kits		5	20
Clinical Training and Experience of Above Named Physician Personal participation should consist of: <ol style="list-style-type: none"> 1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements, and plotting of data. 3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment. 			
Isotope	Conditions Diagnosed or Treated	Number of Cases Involving Personal Participation	Comments (additional information or comments may be submitted in duplicate on separate sheets)
I-131	Diagnosis of Thyroid Function	67	
	Thyroid Imaging for Metastatic Cancer or Thyroid Gland Remnant	16	
I-123	Thyroid Uptake and Scan	71	
Xe-133	Blood Flow Studies and Pulmonary Function Studies		
Tc-99m	Brain Imaging	20	
	Kidney Imaging	75	
	Cardiac Imaging	185	
	Thyroid Imaging	45	
	Blood Pool Imaging		
	Biliary with cck	25	
	Biliary without cck	22	
	Lymphoscintigraphy	35	
	Parathyroid	30	
	Gastric emptying	82	
GI Hemorrhage	24		

Isotope	Conditions Diagnosed or Treated	Number of Cases Involving Personal Participation	Comments (additional information or comments may be submitted in duplicate on separate sheets)
Tc-99m	Liver and Spleen Imaging	31	
	Lung Imaging	23	
	Bone Imaging (total, limited and three phase)	465	
	Tagged RBC for hepatic hemangioma	10	
	Meckel's localization	24	
Thallium 201	Heart	7	
	Tumor	15	
Indium 111	WBC – infection – Ceretec	17	
	Cisternography – DTPA	9	
Fluorine FDG-18	Positron Emission Tomography	50	
P-32 (Soluble)	Treatment of Polycythemia Vera, Leukemia, and Bone Metastasis		
P-32 (Colloidal)	Intracavitary Treatment		
I-131	Treatment of Thyroid Carcinoma and Thyroid Ablation	10	
	Treatment of Hyperthyroidism	135	
	Sr-89 Metastron		
	Sm-153		
	Zevalin Y-90		
Mo-99/Tc-99m	Generator	25	
Tc-99m	Reagent Kits	25	
Ga ⁶⁷	Gallium Imaging	40	
Other			

Dates, Medical Institution, and Total Number of Hours Received in Supervised Clinical Radioisotope Training (Minimum 500 hours):
7/1/2001-6/30/2005 University of Mississippi Medical Center – Over 500 hours
Has met all ABR and NRC requirements

Dates, Medical Institution, and Total Number of Hours Received in Supervised Work Experience with Radioisotopes (Minimum 500 hours):
7/1/2001-6/30/2005 University of Mississippi Medical Center

The training and experience indicated above was obtained under the supervision of:

Name of Supervisor: Ottis G. Ball, MD
Name of Institution: The University of Mississippi Medical Center
Mailing Address: 2500 North State Street Jackson, Mississippi 39216-4505
Materials License Number(s): MS-MBL-01
Preceptor's Signature: <i>Ottis G. Ball, M.D.</i>
Preceptor's Name (please print or type): Ottis G. Ball
Date: October 10, 2005

Dan Schepens
Resident Name

University of MS Medical Center
Program

	<u>Date</u>	<u>Disorder</u>	<u>Dose Administered</u>	<u>Preceptor Initials</u>
1.	5-9-03	Hyperthyroidism	15 mCi	OS
2.	5-12-03	Hyperthyroidism	25 mCi	OS
3.	5-13-03	Hyperthyroidism	25.1 mCi	OS
4.	4-4-05	Thyroid cancer	102.3 mCi	OS
5.	2-2-04	Thyroid cancer	101.3 mCi	OS
6.	3-29-04	Thyroid cancer	101.3 mCi	OS

Because of HIPAA concerns, no data that might identify a patient are to be included in the log book. This log is to be submitted by the program director along with the other materials that attest to the resident's oral exam eligibility.

Our colleagues in Radiation Oncology are dealing with similar concerns about the therapy-related sections of the new NRC regulations. The ABR will be writing to Radiation Oncology training program directors in a separate memo to encourage new training content and to indicate ABR's intention to include new NRC-related materials in future examinations.

To license an individual as an authorized user of radionuclides the NRC will require that another authorized user/preceptor – typically this would be the Nuclear Medicine Chief – attest to the successful completion of the training in Nuclear Medicine. The attestation of the Residency Program Director will not be accepted by the NRC unless the Program Director also is an authorized user. **For admittance to the ABR exam**, however, Residency Program Director attestation will suffice.

The ABR recommends that all residency programs re-evaluate their training in nuclear medicine and add the content elements outlined in this communication. In this way, all residents will be prepared and qualified to sit for the nuclear medicine portion of the ABR oral exam as early as June, 2005, and also will be better able to provide nuclear medicine services safely and effectively. Nuclear Medicine training should not be shortened, however, until the NRC has made its final ruling. To do so prematurely runs the risk of disenfranchising entire candidate classes of the ABR.

Questions and comments should be submitted to the ABR website at www.theabr.org.

cc: Residency Program Coordinators

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

Daniel William Schepens, MD

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



Steven A. Seibel, M.D.
President

Michael V. Hoppe, MD
Secretary-Treasurer

R.R. Hatten, MD
Executive Director



Health System
MCV Hospitals and Physicians

Department of
Radiology
Division of Nuclear Medicine

1300 East Marshall Street
P.O. Box 980001
Richmond, Virginia 23298-0001

804 828-6828
Fax: 804 628-0275 Scheduling
Fax: 804 828-4181
TDD: 1-800-828-1120

PRECEPTOR STATEMENT

August 25, 2006

Ms. Coleen Miller
113 Nationwide Drive
Lynchburg, VA 24502

RE: Timothy B. Hellewell, MD

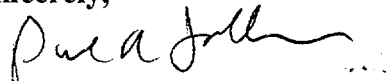
Dr. Timothy Hellewell has satisfied the requirements for imaging and localization studies (10 CFR 35.290) by successful completion of the Diagnostic Radiology Residency Training Program at Virginia Commonwealth University's Medical College of Virginia Hospitals from July 1, 2002 through June 30, 2006 and by receiving Board Certification in Diagnostic Radiology by the American Board of Radiology (anticipated in June, 2006).

During his residency training, Dr. Hellewell has received the required training in the following areas:

200 hours of classroom and laboratory training
500 hours of supervised work experience
500 hours of supervised clinical experience

Should you need any further information, please do not hesitate to contact me.

Sincerely,



Paul R. Jolles, MD
Associate Professor of Radiology
Program Director, Nuclear Medicine

Melvin J. Fratkin, M.D.
Chairman

Paul R. Jolles, M.D.
804 828-7975

Karen Kurdziel, M.D.
804 827-4984

Jerry I. Hirsch, Pharm.D.
804 828-8267

Joseph D. Kalen, Ph.D., MSHA
804 828-1443

Sharon R. Gibbs, BS, CNMT
Manager
804 828-4175

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TDD: 1-800-828-1120

PRECEPTOR STATEMENT

August 25, 2006

Ms. Coleen Miller
113 Nationwide Drive
Lynchburg, VA 24502

RE: Kenneth C. Hite, MD

Dr. Kenneth Hite has ^{35.290}satisfied the requirements for imaging and localization studies (10 CFR 35.920) by successful completion of the Diagnostic Radiology Residency Training Program at Virginia Commonwealth University's Medical College of Virginia Hospitals from July 1, 2002 through June 30, 2006 and by receiving Board Certification in Diagnostic Radiology by the American Board of Radiology (anticipated in June, 2006).

During his residency training, Dr. Hite has received the required training in the following areas:

200 hours of classroom and laboratory training
500 hours of supervised work experience
500 hours of supervised clinical experience

Should you need any further information, please do not hesitate to contact me.

Sincerely,



Paul R. Jolles, MD
Associate Professor of Radiology
Program Director, Nuclear Medicine

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Chairman

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Sharon R. Gibbs, BS, CNMT
Manager
804 828-4175

Sep 13 2006 02:10pm P003/003

RADIOLOGY CONSULTANTS Fax 14342371594

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

Kenneth Clarke Hite, MD

*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. 50785

Steven A. Seibel, M.D.
President

Nicholas T. Hoppe, MD
Secretary-Treasurer

R.P. Hooten, MD
Executive Director

Valid through 2015

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

12/4/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-02207-01 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** 139817.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.