

INDIANA
REGIONAL MEDICAL CENTER

Fax Transmission

Center For Cardiac & Vascular Care

Cardiology

Nuclear Medicine

Neurology

Telephone 724-357-7047
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To:

NRC

From:

L. Brunetto

Date:

12/19/06

Subject:

Resent Ref Control # 139580

IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION, PLEASE CALL US AT
724-357-7047.



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139580
NMSS/RGNI MATERIALS-C02

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

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 regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Ali Murad Tunio, MD Authorized User, 10 CFR 35.400 and 10 CFR 35.600

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

Pennsylvania Medical License PA MD 420855

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
Board Eligible American Board of Radiology	Radiation Oncology	

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	SUNY Downstate Department of Radiation Oncology 450 Clarkson Avenue Brooklyn, NY 11203	200	February 1999 to January 2003
Radiation Protection	SUNY Downstate Department of Radiation Oncology 450 Clarkson Avenue Brooklyn, NY 11203	200	February 1999 to January 2003
Mathematics Pertaining to the Use and Measurement of Radioactivity	SUNY Downstate Department of Radiation Oncology 450 Clarkson Avenue Brooklyn, NY 11203	200	February 1999 to January 2003
Radiation Biology	SUNY Downstate Department of Radiation Oncology 450 Clarkson Avenue Brooklyn, NY 11203	200	February 1999 to January 2003
Chemistry of Byproduct Material for Medical Use	SUNY Downstate Onc Department of Radiation 450 Clarkson Avenue Brooklyn, NY 11203	200	February 1999 to January 2003
OTHER			

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

Roger Mackles 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) 10CFR 35.390

for medical uses in Part 35, Section(s) 300

D. Address

Cleveland Clinic Foundation
Cleveland, Ohio

E. Materials License Number

See attached

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) 35.396
as documented in section(s) 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 10CFR 35.396 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 390 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): 10CFR 35.300

A. Address

B. Materials License Number

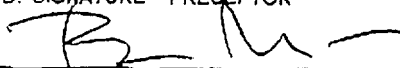
Medical License # BM1231476

See attached

C. NAME OF PRECEPTOR (print clearly)

Roger Mackles M.D.

D. SIGNATURE - PRECEPTOR



E. DATE

09/19/2008

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