

PRM-35-20
(71FR64168)

From: <langhors@msnotes.wustl.edu>
To: <SECY@nrc.gov>
Date: Mon, Jan 15, 2007 10:55 AM
Subject: PRM-35-20

DOCKETED
USNRC

January 16, 2007 (3:17pm)

OFFICE OF SECRETARY
RULEMAKINGS AND
ADJUDICATIONS STAFF

Annette L. Vietti-Cook
Secretary
Attn: Rulemakings and Adjudications Staff
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

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Dear Ms. Vietti-Cook:

Please accept my personal comments on the petition for rulemaking filed by E. Russell Ritenour, Ph.D., on behalf of the American Association of Medical Physicists as published in the Federal Register Vol. 71 No. 211 on November 1, 2006. Mr. Ritenour's petition seeks to restore the recognition of diplomates of certifying boards that were previously recognized in 10 CFR Part 35 prior to October 25, 2005.

As a diplomate of the American Board of Health Physics, I wholeheartedly support this petition for rulemaking; and urge the Commission to amend its regulations as stated in paragraph 4.2 of the petition to "recognize individuals that were certified by a board that was listed in Subpart J of the of the old regulations for . . . §§ 35.50 (RSO) . . . prior to October 24, 2005."

Although the petition specifically focuses on the American Board of Radiology and the American Board of Medical Physics in its discussion of this portion of the proposed rule change, the proposed change presented to the Commission is more general. As such it includes recognition of individuals certified by the American Board of Health Physics (ABHP) as meeting the training and education (T&E) requirements to be an RSO on a medical license.

The current regulations require that individuals certified prior to October 25, 2005 by the ABHP be forced to use the alternate pathway. I have, however, seen no evidence that support the assertion implicit in the current regulations that individuals certified prior to 2005 are any less capable of performing as RSO. Therefore, these additional steps pose a burden upon individuals and licensees without a corresponding increase in public or worker health and safety.

I have discussed my personal concerns with NRC Staff on the T&E requirements and the unreasonable constraints being imposed. In my discussion, I pointed out to NRC Staff had this T&E requirement been in place in 1994, I would not have been eligible to be named as the RSO for the broad scope medical license at the University of Missouri-Columbia because I had not worked for at least one year under the preceptorship of a medical license RSO. My credentials at the time included having a Ph.D. in Health Physics since 1982, experience as being the RSO for the University's 10 MW research reactor since 1986, and ABHP certification since 1985. The Staff's response was that I would have been able to be the MU RSO because the license is issued under 10 CFR 33 rather than 10 CFR 35. I did not

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challenge them on this response, in spite of it being the first time I had heard Part 35 requirements did not apply to a broad scope medical license. Instead, I considered it an indication of how difficult NRC Staff was finding implementation of this problematic regulation.

In conclusion, as a certified health physicist, I believe that my certification by the ABHP establishes that I have the requisite training, education and experience to serve as an RSO at a medical institution. I urge the Commission to favorably consider the petition for rulemaking and modify 10 CFR 35 to recognize the certifications of those individuals who met the Part 35 training and experience requirements for RSO as of October 25, 2005.

Thank you for the opportunity to add my personal comments on this petition for rulemaking.

Sincerely,

Susan M. Langhorst, Ph.D., CHP

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