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Sentara Williamsburg Regional Medical Center
100 Sentara Circle
Williamsburg, VA 23188

www.sentara.com

January 15, 2007

NMSB

U.S. Nuclear Regulatory Commission, Region I Office, Division of NMSS
Attn: Materials Licensing, Ms. Sandy Gabriel
475 Allendale Road
King of Prussia, PA 19406

03014703

Re: (License No.: 45-16209-02,)

Dear Ms. Gabriel :

Please see attached 313A for Dr. Matthew Allison, precepted by Dr. Thomas Jamison. We would like to add him as an authorized user for 35.392 therapies, iodine-131 less than 33 millicuries.

For more information, please do not hesitate to contact Sandy Wolff, RSO, at (757) 388-3030.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Graves', written over the word 'Sincerely,'.

Robert Graves, FACHE
Corporate Vice President and Administrator

139986

NMSS/RCN MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

Matthew Allison

State or Territory Where Licensed

VA

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Fletcher Allen Health Care, U.V.T., Burlington	40	7/93 - 6-97
Radiation protection	"	40	"
Mathematics pertaining to the use and measurement of radioactivity	"	40	"
Chemistry of byproduct material for medical use	"	40	"
Radiation biology	"	40	"
Total Hours of Training:		200	

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Sentara Williamsburg (VA) Comm. Hosp. / Reg. Med. Ctr. 45-16209-02	140	7/98-1/07
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	140	"
Calculating, measuring, and safely preparing patient or human research subject dosages	"	140	"
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	140	"
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	140	"
Total Hours of Supervised Work Experience:		700	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual <i>Thomas Jamison MD</i>	License/Permit Number listing supervising individual as an authorized user <i>45-16209-02</i>
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.396	With experience administering dosages of: <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required <input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	<i>11 (eleven)</i>	<i>Sentara Williamsburg Comm. Hosp./Reg. Med. Ctr. Williamsburg VA 45-16209-02</i>	<i>7/98- 1/07</i>
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	—	—	—
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	—	—	—
Parenteral administration of any other radionuclide for which a written directive is required	—	—	—
_____ (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual Thomas Jamison MD	License/Permit Number listing supervising individual as an authorized user 45-16209-02
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

d. Provide completed Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following for each requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1):
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Matthew Allison has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Matthew Allison has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Matthew Allison has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Thomas Jamison	Signature <i>Thomas Jamison</i>	Telephone Number 757-984-7908	Date 1-15-07
License/Permit Number/Facility Name 45-16209-02 / Sentara Williamsburg Reg. Med. Ctr.			

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Robert A. Nebiker, Director

William L. Harp, M.D.
Executive Director
(804) 662-9908

BOARD OF MEDICINE

6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712
www.dhp.virginia.gov/medicine

License to Practice
Medicine & Surgery

Matthew Allison, MD

Issued
04/01/1997

Expires
02/28/2008

Number
0101055493

**To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560**

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(800)733-2267; FAX: (770)395-7456

Official Certification Data Report - 10/14/2003

Physician Information

MATTHEW CAMPBELL ALLISON (YOB: [REDACTED])
WILLIAMSBURG RAD INC
3630 G W MEML HWY
NEWPORT NEWS, VA 23612

Medical School Graduation Year

1992

AMERICAN BOARD OF RADIOLOGY

DIAGNOSTIC RADIOLOGY

Initial Certification	1997 –	Lifetime	(G)
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(G) is General Certification, (S) is Subspecialty Certification

If the results show "lifetime," these certificates were granted prior to time limited certificates being issued and such individuals thus have lifetime certificates. Some physicians voluntarily choose to be re-examined and may obtain a subsequent certification; however, should the recertification expire, and no new certification is obtained, the physician may revert to the lifetime certificate. This is why you may see dates for the same certificate after "lifetime."

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This information and the Web site on which it is contained has been approved as primary source verification of board certification by JCAHO (Joint Commission on Accreditation of Healthcare Organizations) and NCQA (National Committee for Quality Assurance).

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Allison, Matthew Campbell

(Born: [REDACTED])

**AMERICAN BOARD OF RADIOLOGY
CERTIFICATION(S):**

Diagnostic Radiology 11/1997*

*Lifetime certification in this certificate.

EDUCATION:

(1992, MD)

ADDRESS (Mail, Primary):

Williamsburg Rad Inc
 3630 G W Meml Hwy
 PO Box 120590
 Newport News, VA 23612 (Newport News City County)

PHONE 757-867-6101

FAX 757-867-6587

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

1/15/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-16209-02 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** 139986.
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You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R)
(6-98)

Sincerely,
Licensing Assistance Team Leader