

FAX TRANSMISSION

CLARION HOSPITAL RADIOLOGY
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Q-8
32-17215-01
03012379

TO: Shirley Shu

FROM: CLARION HOSPITAL RADIOLOGY

SUBJECT: Albert J. Barrett - authorized user.

DATE: 1-24-07 TIME: 2:40pm

NUMBER OF PAGES: 4 (including cover sheet)

MESSAGE: Control # 139749
any questions - please call Barb
@ 814-226-1368 Thank-you.

IF ALL PAGES WERE NOT RECEIVED, PLEASE CALL IMMEDIATELY



139749
RIMCIRGIN MATERIALS-002

NRC FORM 313A (AUD) (10-2006)	U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008

Name of Proposed Authorized User <u>Albert J. Barrett</u>	State or Territory Where Licensed <u>PA</u>
Requested Authorization(s) (check all that apply)	
<input type="checkbox"/> 35.100 Uptake, dilution, and excretion studies	
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies	
<input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)	

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 obtained 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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
 - a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
 - b. Supervised Work Experience.
 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual _____ License/Permit Number listing supervising individual as an authorized user _____

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

NRC FORM 313A (AUD)
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that **ALBERT J. BARRETT, D.O.** has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

35.190 35.290 35.390 35.390 + generator experience

Name of Preceptor

JAMES L. PUCKETT

Signature

James L. Puckett

Telephone Number

814-226-1399

Date

1/24/07

License/Permit Number/Facility Name

37-17215-01

Clarion Hospital



142 East Ontario Street, Chicago, IL 60611-2864 ph 312 202 8000 | 800 621 1773

December 19, 2006

082041

Albert Barrett, DO



Dear Dr. Barrett:

I am pleased to advise you that the Executive Committee of the Bureau of Osteopathic Specialists of the American Osteopathic Association APPROVED the recommendation of the American Osteopathic Board of Radiology to certify you as follows:

Diagnostic Radiology; Certificate Number 1100
Effective Date of Certification - 10/31/2006 through 12/31/2016

Your effective date of certification coincides with the date on which you were notified by the American Osteopathic Board of Radiology of completion of all requirements for certification, and is verified by this letter. The American Osteopathic Board of Radiology is presently preparing a certificate. As soon as it has been lettered and signed by the appropriate officers, the secretary of the specialty board will mail it to you.

Congratulations on your accomplishment. If you have any questions about your certificate, please contact the American Osteopathic Board of Radiology at (660) 265-4011.

Sincerely Yours,

A handwritten signature in cursive script, appearing to read 'Armando F. Ramirez', is written over a horizontal dashed line.

Armando F. Ramirez, Secretary

AFR/eb
cc: Specialty Board
Specialty College
Division of Certification
BOS Ref: 11/30/2006

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