APPENDIX B

NRC FORM 313A
(4-2000)

U.S. NUCLEAR REGULATORY COMMISSION

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 35, provide the following information for each):*

A. Name of Supervisor: Stephen J. Bartok, 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) 35.290 for medical uses in Part 35, Section(s) 35.100 + 35.200

D. Address

E. Materials License Number

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 the training requirements in 35.390 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) _____, as documented in section(s) _____ of this form.

11b. Select one
☐ meets the requirements in ☐ 35.50(a), ☐ 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 operate a nuclear pharmacy (for 35.980); or
☒ has achieved a level of competency sufficient to function independently as an authorized USPA for 10 CFR 35.100 + 200 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 35.290 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): 35.100 + 35.200

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)	D. SIGNATURE – PRECEPTOR	E. DATE
Stephen J. Bartok, M.D.	[signature]	

2-1-07

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