

*Idaho Cardiology Associates, P.A.*

January 15, 2007

Mr. James L. Montgomery, Health Physicist  
Nuclear Materials Licensing Branch  
5803 Pine Hollow Road  
Clayton, CA 94517

Re: Mail Control No. ~~471030~~

Dear Mr. Montgomery:

I am writing in follow-up to Idaho Cardiology's request to amend our NRC license, No. 11-27558-01, to add Dr. David Hinchman as an authorized user. In your letter of August 23, 2006, you requested that Dr. Hinchman's preceptor for his training program complete form 313-A. This has taken some time, but I am now submitting that form as completed by Dr. James Caldwell at the University of Washington. I hope this will satisfy NRC requirements. If you have any additional questions or concerns, you can contact me at (208)322-1680 or e-mail at [fbadke@idahocardiology.com](mailto:fbadke@idahocardiology.com).

Thank you very much for your assistance in this matter.

Sincerely,



Frederick R. Badke, MD, FACC

FRB/jag

JOB ID: 21350937

Publicly available, non-sensitive

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008**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 regulation (10 CFR Part 35)

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

David Hinchman, MD 10 CFR 35.290

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

Idaho

**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
- Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

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

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	University of Washington Medical Center Seattle, WA	90	April 1999
Radiation Protection	Same	13	Same
Mathematics Pertaining to the Use and Measurement of Radioactivity	Same	14.5	Same
Radiation Biology	Same	4	Same
Chemistry of Byproduct Material for Medical Use	Same	48.5	Same
OTHER			

## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Performing & interpreting rest and stress myocardial perfusion studies	James Caldwell	UN-CC01-1	7/1/96 - 6/30/99
Performing and interpreting rest radionuclide ventriculograms	James Caldwell	UN-CC01-1	7/1/96 - 6/30/99

## 6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tl-201	myocardial perfusion	158	James Caldwell	UN-CC01-1	7/1/96 - 6/30/99
Tc-99m	myocardial perfusion	150	James Caldwell	UN-CC01-1	7/1/96 - 6/30/99
Tc-99m	labeled RBC's for ventriculography	23	Same	Same	Same

## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

## 7. FORMAL TRAINING      Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

## 8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- ☐ YES      Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.  
☐ N/A      of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_.

## 9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES      Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_  
☐ N/A      who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- ☐ YES      Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) \_\_\_\_\_  
☐ N/A      under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_.

## 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

James H. Caldwell, MD

B. Supervisor is:



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

for medical uses in Part 35, Section(s) .290 & .350

D. Address

Nuclear Medicine  
Box 356113  
University of Washington  
Seattle, WA 98195

E. Materials License Number

WA-C-001-1

## 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) .290(a)(c)(1)(i)(ii) as documented in section(s) 5, 6a, 6b 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

N/A types of use, as documented in section(s) of this form.

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 \_\_\_\_\_ for \_\_\_\_\_ 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 \_\_\_\_\_ 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): \_\_\_\_\_

A. Address

Nuclear Medicine  
Box 356113  
U. of Washington  
Seattle, WA 98195

B. Materials License Number

WA-C-001-1

C. NAME OF PRECEPTOR (print clearly)

James H. Caldwell MD

D. SIGNATURE -- PRECEPTOR

James H. Caldwell MD

E. DATE

11/29/06