



# Clarion Hospital

February 23, 2007

NMSBZ

U.S.N.R.C.  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

03012379

Re: License # 37-17215-01

To Whom it may concern:

Please amend our radioactive materials license for the following time:

Please add Glenn D. Miller, M.D. as an authorized user of materials and uses as defined by 10 CFR 35.200, limited to imaging procedures. Dr. Miller has received at least 80 hours of didactic training and at least 620 hours of clinical training under an authorized user within the past seven years as required by CFR 35.290.

Documentation of Dr. Miller's training is enclosed.

Thank you for your attention in this matter.

Sincerely,

Edward J. Hannon  
President and CEO

RECEIVED  
REGION I  
2007 MAR - 2 PM 12: 26

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NMOC/RGN MATERIALS-002

***Certificate of Completion***  
***Authorized User Classroom and Laboratory***  
***Training Program***

*Glenn D. Miller, M.D.*

*has successfully completed 80 hours of classroom and laboratory training that included:*

***CorScan Plus***

*The Nuclear Imaging Company*  
*www.corscanplus.com*

*Radiation physics and instrumentation; Radiation protection; Mathematics pertaining to the use and measurement of radioactivity; Chemistry of byproduct material for medical use; Radiation biology; Generator elution; Review of regulations regarding the medical use of radioisotopes and performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;*

*Steven W. Walter, MD*

Steven W. Walter, MD  
Program Director  
General Manager and CEO  
CorScan Plus  
800 627 3439  
Authorized User NRC License No. 47-25351-01

May 19, 2005

Date

THE  
AMERICAN BOARD OF INTERNAL MEDICINE  
INCORPORATED 1936

ATTESTS THAT

**Glenn David Miller II**

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY  
CERTIFIED FOR THE PERIOD 2003 THROUGH 2013  
AS A DIPLOMATE IN  
**CARDIOVASCULAR DISEASE**



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CHAIR  
AMERICAN BOARD OF INTERNAL MEDICINE

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*Bong L. Zaret*  
*Michael R. Zile*

DISPLAY THIS CERTIFICATE PROMINENTLY - NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
PO Box 2649 Harrisburg PA 17105-2649

06 160735

License Type

Medical Physician and Surgeon

License Status

Active

Initial License Date

07/17/1991

GLENN DAVID MILLER II  
AGH CARDIOLOGY  
490 EAST NORTH AVENUE  
PITTSBURGH PA 15212-8903

License Number

MD044831L

Expiration Date

12/31/2008

*Basil L. Meola*

Commissioner of Professional and Occupational Affairs

*Glenn David Miller II*

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. § 4911

**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

Dr. Glenn D. Miller

State or Territory Where Licensed

Pennsylvania

Requested Authorization(s) (check all that apply)

☐ 35.100 Uptake, dilution, and excretion studies☒ 35.200 Imaging and localization studies☐ 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	Clarion Hospital 37-17215-01	20	2004 - 2006

**Total Hours of Experience:**

Supervising Individual

James L. Puckett, DO

License/Permit Number listing supervising individual as an authorized user

37-17215-01

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)

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

## a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Corscan	16	Completed 5/19/05
Radiation protection	Corscan	16	Completed 5/19/05
Mathematics pertaining to the use and measurement of radioactivity	Corscan	16	Completed 5/19/05
Chemistry of byproduct material for medical use (not required for 35.590)	Corscan	16	Completed 5/19/05
Radiation biology	Corscan	16	Completed 5/19/05
Total Hours of Training:			

- b. Supervised Work Experience (completion of this table is not required for 35.590).  
(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*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Clarion Hospital NRC# 37-17215-01	100	2000 to present
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Same	100	2000 to present
Calculating, measuring, and safely preparing patient or human research subject dosages	Same	100	2000 to present

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

## b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Same	100	2000 to present
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Same	100	2000 to present
Administering dosages of radioactive drugs to patients or human research subjects	Same	100	2000 to present
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	Same	20	2000 to present.

Total Hours of Experience:

700 hrs.

Supervising Individual

Dr. James L. Puckett

License/Permit Number listing supervising individual as an authorized user

37-17215-01.

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

☐ 35.190☒ 35.290☐ 35.390☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

## c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

## 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 Glen D. Miller 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 Glen D. Miller 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

Signature

Telephone Number

Date

JAMES L. Puckett DO

Puckett

814-226-1399

2/27/07

License/Permit Number/Facility Name

37-17215-01



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

2/23/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 37-17215-01  
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 140167.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.