

February 23, 2007

NMSB1

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

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

207 M.R - 2 PM 12: 26

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NMSS/RGNI 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:

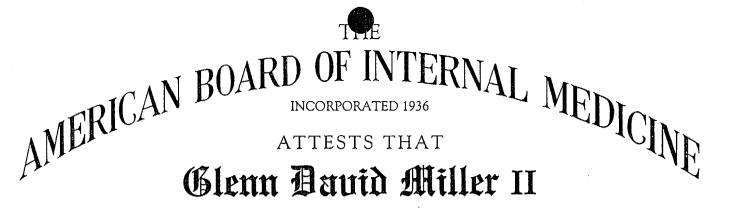
CorScan Plus

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 radiosotopes and performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

Heven W. Watter, ND

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

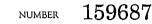


HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY CERTIFIED FOR THE PERIOD 2003 THROUGH 2013 AS A DIPLOMATE IN CARDIOVASCULAR DISEASE



AMERICAN BOARD OF INTERNAL MEDICH





Troyen Q. Brennar CHAIR-ELECT AMERICAN BOARD OF INTERNAL MEDICINE

AMERICAN BOARD OF INTERNAL MEDICINE

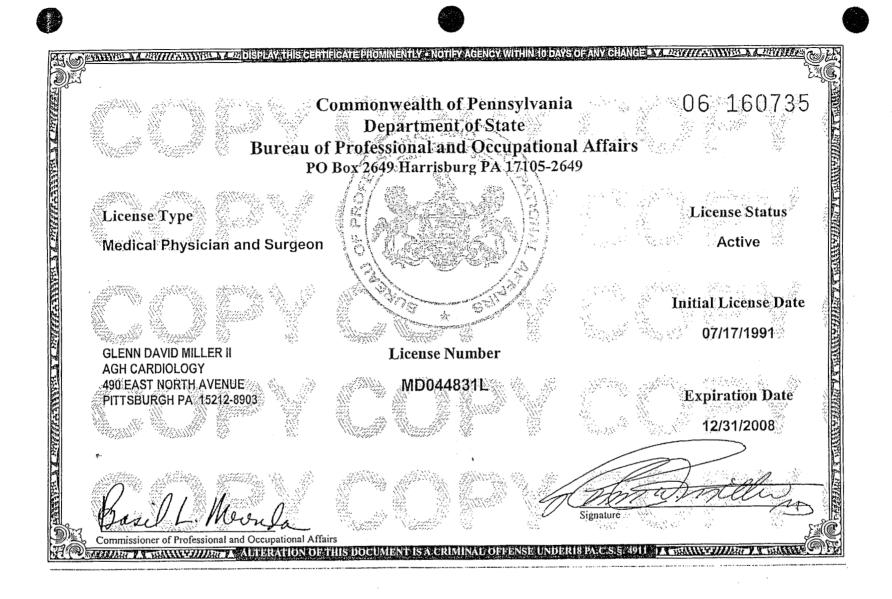
SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

Kenned V. Maccarelle Nark Ailsferman

Mart

PRESIDENT AMERICAN BOARD OF INTERNAL MEDICINE





NRC FORM 313A (AUD) 10-2006)	U.S. NUCLE	AR REGULATORY COMMISSION		
AUTHORIZED ÚSER TF AND PRECEPT (for uses defined under [10 CFR 35.190,	OR ATTESTA 35.100, 35.200	ΓΙΟΝ), and 35.500)	APPROVED BY EXPIRES: 10/3	′ ОМВ: NO. 3150-0120 1/2008
Name of Proposed Authorized User		State or Territory Where License	ed	
Dr. Glenn D. Mille	r	Pennsylvar	lia	
Requested Authorization(s) (check all that				
] 35.100 Uptake, dilution, and excretion	studies			
4 35.200 Imaging and localization studie	es			
35.500 Sealed sources for diagnosis (specify device)	
••		SAND EXPERIENCE hree methods below)		
Training and Experience, including boa the date of application or the individual the required training and experience wa	rd certification, mu must have obtaine	st have been obtained within d related continuing educatio	n and experie	nce since
education and experience related to the	e uses checked ab	ove.		
1. Board Certification				
a. Provide a copy of the board certifi				
 b. If using only 35.500 materials, sto Preceptor Attestation. 	p here. If using 35	5.100 and 35.200 materials, sl	kip to and con	plete Part II
2. Current 35.390 Authorized User	Seeking Addition	al 35.290 Authorization		
a. Authorized user on Materials Lice State requirements seeking autho	and a second of the second	· · · · · · · · · · · · · · · · · · ·	390 or equival	ent Agreement
b. Supervised Work Experience. (If more than one supervising indicopies of this section.)	ividual is necessary	/ to document supervised wo	rk experience,	provide multiple
Description of Experience		f Experience/License or Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems	Clarion t	tachital	20	20011-
appropriate for the preparation of radioactive drugs for imaging and	Julion	in the second se	au	2004 - 2006
localization studies, measuring and testing the eluate for radionuclidic	37	-17215-01		2006
purity, and processing the eluate with reagent kits to prepare labeled				
radioactive drugs	L <u></u>			
	Total Hours	of Experience:		
Supervising Individual	× -	License/Permit Number listing authorized user	supervising inc	lividual as an
James L. Ruckett	, D0	37-1721	5-01	
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NRC FORM 313A (AUD) (10-2006)

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. Training and Experience for Prop	osed 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	Complete 0 5/19/05
Mathematics pertaining to the use and measurement of radioactivity	Corscan	16	Complete 5/19/05
Chemistry of byproduct material for medical use (<i>not required for</i> 35.590)	Corscan	16	(omplete 5/19/05
Radiation biology	Corscan	16	complet 5/19/05
	Total Hours of Training:		,,,,,_
b. Supervised Work Experience (com (If more than one supervising indiv provide multiple copies of this sect	npletion of this table is not required for 35.590). vidual is necessary to document supervised work ion.)	experience,	
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 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

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	ence for Proposed	I Authorized User (continu	ied)		
b. Supervised Work	Experience. (conti	nued)			
Description of I	Experience	Location of Experience Permit Number of		Clock Hours	Dates of Experience
Using administrative prevent a medical eve use of unsealed bypr	ent involving the	Same		100	2000 to prosent
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		Same		100	2000 present
Administering dosage drugs to patients or h subjects		Same		100	2000 present
Eluting generator sys for the preparation of drugs for imaging and studies, measuring an eluate for radionuclidi processing the eluate kits to prepare labeled drugs	radioactive d localization nd testing the lic purity, and with reagent	Same		20	2000 present
		Total Hours of Experience):	700h	VS
Dr Tomar	L. Puckett	authorized u		<i>.</i>	
Supervisor meets the	a requirements below	w, or equivalent Agreement 35.390 35.390 + ge	nerator experier	ents (check one	
Supervisor meets the	a requirements below	w, or equivalent Agreement	State requireme nerator experier device.	ents (check one	:)(1)(ii)(G)
Supervisor meets the 35.190 c. For 35.590 only, p	a requirements below	w, or equivalent Agreement 35.390 35.390 + ge on of training on use of the	State requireme nerator experier device.	ents <i>(check one</i> nce in 35.290(c	:)(1)(ii)(G)

NRC FO (10-2006)	RM 313A (AUD) 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 supervisi individual as long as the preceptor provides, directs, or verifies training and experience required. If more the one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (No required to meet training requirements in 35.590)	
	ection one of the following for each use requested:	
	<u>35.190</u>	
	Board Certification	
	1 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 authorized user for the medical uses authorized under 10 CFR 35.100.	
	OR OR	
	Training and Experience	
	I attest that has satisfactorily completed the 60 hours of training ar	
	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	
	Name of Proposed Authorized User has satisfactorily completed the requirements in	
	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	
	X I attest that $G_{\text{Name of Proposed Authorized User}}$ has satisfactorily completed the 700 hours of training	
	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.	
	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	
	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. d Section lete the following for preceptor attestation and signature:	
	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. d Section lete the following for preceptor attestation and signature:	
	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. d Section lete the following for preceptor attestation and signature:	

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

omissions or require additional information.

2/23/2007, and to inform you that the initial processing which includes an administrative review has been performed.
 Matheward, 37-172 i5-01
 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional

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.

140167 Your action has been assigned Mail Control Number When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI) (6-96) Sincerely, Licensing Assistance Team Leader