



SENTARA

Sentara Virginia Beach General Hospital
1060 First Colonial Road
Virginia Beach, Virginia 23454

www.sentara.com

March 2, 2007

NM581

U.S. Nuclear Regulatory Commission, Region I Office, Division of NMSS
Attn: Materials Licensing, Ms. Sandy Gabriel
475 Allendale Road
King of Prussia, PA 19406

03003348

Re: License No.: 45-11035-01

To whom it may concern:

We would like to request the addition of Dr. Andrew P. Loiacono for 35.100, 200 and 300 uses. Enclosed are forms for documentation of his training and experience.

Our Radiation Safety Committee has approved the addition of Dr. Scott S. Williams and Dr. Mark Sinesi to our list of authorized users for radioisotope therapy, 35.300 and manual brachytherapy, 35.400. Drs. Williams and Sinesi are currently listed on license 45-00131-02 for these uses.

Also, please be advised that Dr. Granville Batte has left our facility; therefore, please remove him from our license. For more information, please do not hesitate to contact Sandy Wolff, RSO, at (757) 388-3030.

Sincerely,

Robert W. Hoefler
Vice President, Operations
Sentara Virginia Beach General Hospital

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NMSS/RGN1 MATERIALS-002

**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
Andrew P. Loiacono

State or Territory Where Licensed
VA

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			

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)

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	Eastern Va. med. School Sentara Norfolk Gen. Hosp. Norfolk VA NRC Lic # 45-00131-02	20	2001- 2005
Radiation protection	"	20	"
Mathematics pertaining to the use and measurement of radioactivity	"	20	"
Chemistry of byproduct material for medical use (not required for 35.590)	"	20	"
Radiation biology	"	20	"
Total Hours of Training:		100	

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	as above EVMs - SNOR NRC Lic # 45-00131-02	50	2001- 2005
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	50	"
Calculating, measuring, and safely preparing patient or human research subject dosages	"	200	"

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	EVMS - SN6H as above	200	2001- 2005
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	50	"
Administering dosages of radioactive drugs to patients or human research subjects	"	100	"
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	"	50	"

Total Hours of Experience: 700

Supervising Individual **Lester S. Johnson, PhD** MD,
License/Permit Number listing supervising individual as an authorized user **45-00131-02**

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
	NA	

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 A. P. Loiacono 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 _____ 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 A. P. Loiacono 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
Lester S. Johnson	<i>Lester S. Johnson, PhD</i>	757-388-5902	3-2-07
License/Permit Number/Facility Name	Sentara Norfolk General Hospital		
	45-00131-02		

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

Andrew P. Loiacano

VA

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	EVM 5 SN 6H 45-00131-02	20	2001- 2005
Radiation protection	"	20	"
Mathematics pertaining to the use and measurement of radioactivity	"	20	"
Chemistry of byproduct material for medical use	"	20	"
Radiation biology	"	20	"
Total Hours of Training:		100	

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	as above	50	2001- 2005
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	50	"
Calculating, measuring, and safely preparing patient or human research subject dosages	"	200	"
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	200	"
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	50	"
Total Hours of Supervised Work Experience:		550	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual

Patsy J. Loiacono

License/Permit Number listing supervising individual as an authorized user

45-00131-02

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	10	<i>EVMS SN 6H</i> <i>45-00131-02</i>	<i>2001-</i> <i>2005</i>
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual P. J. Loiacono MD	License/Permit Number listing supervising individual as an authorized user 45-00131-02
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

First Section

Check one of the following for each requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Andrew P. Loiacono has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Andrew P. Loiacono has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Andrew P. Loiacono has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

NRC FORM STJA (AUT)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

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

- 35.390
- 35.392
- 35.394
- 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Patsy J. Loiacono	Signature <i>Patsy J. Loiacono MD</i>	Telephone Number 757 898 8228	Date 3/8/07
License/Permit Number/Facility Name (EVMS) SNGH 45-00131-02			

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

3/2/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-11035-01 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 140240.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.