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FACSIMILE TRANSMISSION SHEET

DATE: 04/10/07

TO: JAMES MULLANEY

FAX #: 630-829-9873

FROM: RADIOLOGY / CENTRAL SCHEDULING

RE: Dr. CHRISTOPHER CUMMINS

NOTES:

CONFIDENTIALITY NOTICE

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MEDICAL CENTER

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APPENDIX B

NRC FORM 313A (04-2006)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0129 EXPIRES: 10/31/2008
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION		

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)

CHRISTOPHER G. BURNAN, M.D.

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

New Mexico

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(e); 35.290(c)(1)(II)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(II)(G); 35.398(d)(1) and 35.398(d)(2); 35.590(e); or 35.590(o).
- 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(e)(2) or 35.50(e); or AU in 35.290(c)(1)(II)(G) or 35.390(b)(1)(II)(G) or 35.590(o) or 35.590(o); or AMP under 35.51(e).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.398(a).

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

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	<i>UNIVERSITY OF NEW MEXICO DEPT OF RADIOLOGY</i>	<i>103</i>	<i>06/24/99 to 07/30/04</i>
Radiation Protection	<i>"</i>	<i>30</i>	<i>06/24/99 to 07/30/04</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>"</i>	<i>20</i>	<i>06/24/99 to 07/30/04</i>
Radiation Biology	<i>"</i>	<i>20</i>	<i>06/24/99 to 07/30/04</i>
Chemistry of Byproduct Material for Medical Use	<i>"</i>	<i>30</i>	<i>06/24/99 to 07/30/04</i>
OTHER	<i>UNIVERSITY OF NEW MEXICO DEPT OF RADIOLOGY</i>	<i>SEE ATTACHED SYLLABUS FOR DETAILS</i>	<i>06/24/99 to 07/30/04</i>

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NRC FORM 319A (06-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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
(SEE ATTACHED SHEET)	DR. MICHAEL HARRIS HOWE M.D.	BM-223-64- NEW MEXICO N. OF NEW MEXICO	600 HRS 06-24-99 to 07-01-04

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
	SEE ATTACHED LIST		DR. MICHAEL HARRIS HOWE M.D.	BM-223-64- NEW MEXICO N. OF NEW MEXICO	06-24-99 to 07/01/2004

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NRG FORM 313A (M-2004) U.S. NUCLEAR REGULATORY COMMISSION
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(e), 35.590(e), or 35.595(e)

Training Element	Type of Training *	Location and Dates
M.D. Radiology Residency	Supervised Clinical	University of New Mexico Box 8M-233-64 New Mexico

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(e), and 35.590(e)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for use under 35.400 and 35.900) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.400)
M.D. Radiology	UNIVERSITY OF NEW MEXICO 8M-233-64-NEW MEXICO	06/24/99 to 06/30/04	ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION 10 CFR 35.294

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 (35.951) or medical physicist (35.51) under the supervision of _____
- N/A (35.951) or medical physicist (35.51) under the supervision of _____ 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) _____ under the supervision of _____ who is a medical physicist (35.951) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____
- N/A

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NRC FORM 313A 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 B. Supervisor is: Dr. Michael Hartsborne, M.D. [X] Authorized User [] Authorized Medical Physicist [] Radiation Safety Officer [] Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.100, 35.200 for medical uses in Part 35, Section(s) 35.100, 35.200

D. Address UNIVERSITY OF NEW MEXICO DEPARTMENT OF RADIOLOGY ALBUQUERQUE, NEW MEXICO 87131 E. Materials License Number BM-233-64 - New Mexico

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 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in item 1:

11a. [X] has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.100, 35.200 as documented in section(s) 5, 6 & 7 of this form.

11b. Select one [] meets the requirements in [] 35.50(a), [] 35.61(c), [] 35.390(b)(1)(II)(G), [] 35.690(c) for types of use, as documented in section(s) of this form. [X] N/A

11c. [] has achieved a level of competency sufficient to operate a nuclear pharmacy (for 35.980); OR [X] has achieved a level of competency sufficient to function independently as an authorized USER for 35.100, 35.200 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 [X] I meet the requirements of 35.100 & 35.200 section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor [X] AU or [] AMP for the following byproduct material uses (or units): 35.100 & 35.200

A. Address UNIVERSITY OF NEW MEXICO DEPARTMENT OF RADIOLOGY ALBUQUERQUE, NEW MEXICO 87131 B. Materials License Number BM-233-64 - New Mexico

C. NAME OF PRECEPTOR (print clearly) DR. MICHAEL HARTSBORNE, M.D. D. SIGNATURE - PRECEPTOR [Signature] MO E. DATE 4/10/07