



DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
FORT BRAGG, NORTH CAROLINA 28310

NMSBI

REPLY TO
ATTENTION OF:

25 April 2007

Department of Preventive Medicine, Health Physics Service

U.S. NRC Region I
ATTN: Licensing Department
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Sir or Madam:

03002631

1. Womack Army Medical Center (WAMC) requests to amend its byproduct material license number: 32-04054-04.

2. Delete the following authorized users:

Nikolaos Tsolomitis Lomis M. D.
Hillarie Ann Saul M. D.
Johan K. Ahn M. D.
Joseph Carvalho M. D.
Patricia M. Kulas M. D.
Antonie Martinus Romyn M. D.

3. We nominate a new Authorized User. Our Radiation Safety Committee has reviewed and approved the credentials of Kyle R. Walker. CPT Walker has the requisite experience and training required to be an authorized user. WAMC requests that CPT Walker is activated as soon as practical. Enclosed is CPT Walker's NRC Form 313.

4. Any questions concerning this action may be directed to our current Radiation Safety Officer, Captain Margaret Myers at (910) 907-8364/6932.

Sincerely,

COLIN M. GREENE
Colonel, U.S. Army
Deputy Commander for Clinical Services

CF

CDR, WRAMC, ATTN:MCHL-HP, Washington, D.C. 20307-5001

140476

REC'D IN LAT MAY - 3 2007

NMSS/RGNI MATERIALS-002

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Kyle R. Walker, DO

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

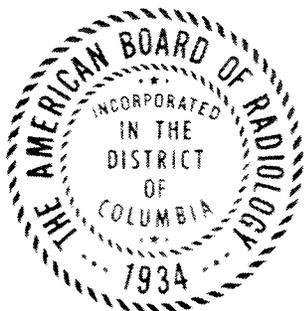
The American Board of Radiology

On this fourteenth day of June, 2006

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology

AH Eligible



Phyllis O. Anderson, MD
President

Lith Eicken
Secretary-Treasurer

R.P. Hatten, MD
Executive Director

Certificate No. 52129

Valid through 2016

The American Board of Radiology

Diagnostic Radiology

Radiation Oncology

Radiologic Physics



Officers

Steven A. Leibel, M.D., *President*

Philip O. Alderson, M.D., *President-Elect*

Richard T. Hoppe, M.D., *Secretary-Treasurer*

June 12, 2006

Diagnostic Radiology

Philip O. Alderson, M.D.
New York, New York

Dennis M. Balfe, M.D.
St. Louis, Missouri

Gary J. Becker, M.D.
Bethesda, Maryland

George S. Bisset, M.D.
Durham, North Carolina

James P. Borgstede, M.D.
Colorado Springs, Colorado

N. Reed Dunnick, M.D.
Ann Arbor, Michigan

Glenn S. Forbes, M.D.
Rochester, Minnesota

Valerie Jackson, M.D.
Indianapolis, Indiana

Robert R. Lukin, M.D.
Cincinnati, Ohio

John E. Madewell, M.D.
Houston, Texas

Christopher Merritt, M.D.
Philadelphia, Pennsylvania

Anthony V. Proto, M.D.
Richmond, Virginia

Anne Roberts, M.D.
La Jolla, California

Janet L. Strife, M.D.
Cincinnati, Ohio

Kay H. Vydeny, M.D.
Atlanta, Georgia

52129 / DR / 9 / 12

Kyle Ruben Walker, DO

Dear Dr. Walker:

I am pleased to inform you that you passed the oral examination held on June 11-14, 2006. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portions of the nuclear medicine section, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 12, 2006. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Robert R. Hattery, MD

Radiation Oncology

K. Kian Ang, M.D., Ph.D.
Houston, Texas

Bruce G. Haffty, M.D.
New Brunswick, New Jersey

Beth A. Erickson, M.D.
Milwaukee, Wisconsin

Richard T. Hoppe, M.D.
Stanford, California

Larry E. Kun, M.D.
Memphis, Tennessee

Steven A. Leibel, M.D.
Stanford, California

Enclosures

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

Radiologic Physics

Richard L. Morin, Ph.D.
Jacksonville, Florida

Bhudatt R. Paliwal, Ph.D.
Madison, Wisconsin

Stephen R. Thomas, Ph.D.
Cincinnati, Ohio

Robert R. Hattery, M.D., *Executive Director*
Lawrence W. Davis, M.D., *Associate Executive Director*

Assistant Executive Directors

Primary Certification

Anthony V. Proto, M.D., *Diagnostic Radiology*

Beth A. Erickson, M.D., *Radiation Oncology*

Bhudatt R. Paliwal, Ph.D., *Radiologic Physics*

Assistant Executive Directors

Maintenance of Certification

John E. Madewell, M.D., *Diagnostic Radiology*

Larry E. Kun, M.D., *Radiation Oncology*

Stephen R. Thomas, Ph.D., *Radiologic Physics*

Gary J. Becker, M.D., *Subspecialty Certification*

5441 E. WILLIAMS BOULEVARD, SUITE 200 • TUCSON, ARIZONA 85711-4493 • PHONE (520) 790-2900 • FAX (520) 790-3200
E-mail: information@theabr.org • Web Site: www.theabr.org

**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)

Walker, Kyle R. DO, Authorized User

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

Indiana, North Carolina (in progress)

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	SAUSHEC Physics Course	16	Sept 2002 - Jun 2003 Aug 2003
	San Antonio Physics Review	7	
Radiation Protection	SAUSHEC Physics Course	4	Sept 2002 - Jun 2003 Aug 2003
	San Antonio Physics Review	7	
Mathematics Pertaining to the Use and Measurement of Radioactivity	SAUSHEC Physics Course	2	Sept 2002 - Jun 2003 Aug 2003
	San Antonio Physics Review	7	
Radiation Biology	SAUSHEC Physics Course	2	Sept 2002 - Jun 2003 Aug 2003
	San Antonio Physics Review	7	
Chemistry of Byproduct Material for Medical Use	SAUSHEC Physics Course	1	Sept 2002 - Jun 2003 Aug 2003
	San Antonio Physics Review	7	
OTHER	Nuclear Medicine Lab Training	110	Aug 2002 - Sept 2002 Jan 2006 - May 2006
	Nuclear Medicine Board Review	30	

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
Nuclear Medicine Clinical Rotation	Yong Bradley, MD	Brooke Army Medical Center (BAMC) 42-01368-01	Jan-Feb 2003
Nuclear Medicine Clinical Rotation	Yong Bradley, MD	Brooke Army Medical Center (BAMC) 42-01368-01	Dec 03-Jan 04
Nuclear Medicine Clinical Rotation	Yong Bradley, MD	Brooke Army Medical Center (BAMC) 42-01368-01	Jan-Feb 2005
Nuclear Medicine Clinical Rotation	Yong Bradley, MD	Brooke Army Medical Center (BAMC) 42-01368-01	Feb-Mar 2005
Nuclear Medicine Clinical Rotation	Yong Bradley, MD	Brooke Army Medical Center (BAMC) 42-01368-01	May-Jun 2005
Nuclear Medicine Clinical Rotation	Yong Bradley, MD	Brooke Army Medical Center (BAMC) 42-01368-01	Aug-Sept 2005

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
I-131	Thyroid Imaging/Therapy	80	Yong Bradley, MD	BAMC 42-01368-01	2003-2006
I-123	Thyroid Imaging	22	Yong Bradley, MD	BAMC 42-01368-01	2003-2006
Tl-201	Myocardial imaging	665	Yong Bradley, MD	BAMC 42-01368-01	2003-2006
Tc 99m	Misc. Imaging	965	Yong Bradley, MD	BAMC 42-01368-01	2003-2006
F-18 FDG	Misc PET imaging	111	Yong Bradley, MD	BAMC 42-01368-01	2003-2006
Ga-67	Tumor/Infection imaging	10	Yong Bradley, MD	BAMC 42-01368-01	2003-2006
In-111	Tumor/Infection imaging	22	Yong Bradley, MD	BAMC 42-01368-01	2003-2006
Xe-133	Lung Imaging	59	Yong Bradley, MD	BAMC 42-01368-01	2003-2006

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
 N/A (35.961) or medical physics (35.51) under the supervision of _____
 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
 N/A and for topics identified in item 6a) for (specify use or device) _____
 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

Yong Bradley, MD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 290, 390

for medical uses in Part 35, Section(s) 290,390

D. Address

Nuclear Medicine Department
3851 Roger Brooke Dr.
Fort Sam Houston, Tx 78234

E. Materials License Number

42-01368-01

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(c), 390(b) as documented in section(s) 5,6 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 1 types of use, as documented in section(s) of this form.

N/A

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 User for Medical 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 290, 390 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): Medical

A. Address

Nuclear Medicine Department
3851 Roger Brooke Dr.
Fort Sam Houston, Tx 78234

B. Materials License Number

42-01368-01

C. NAME OF PRECEPTOR (print clearly)

Yong Bradley, MD

D. SIGNATURE -- PRECEPTOR

E. DATE

06/20/2006