



**JOHNSTON MEMORIAL
HOSPITAL**

NMSBL

16 May 2007

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03033113

Re: Amendment to USNRC License # 45-25240-01 Johnston Memorial Hospital

To Whom It May Concern:

Johnston Memorial Hospital (JMH) wishes to amend its current USNRC materials license to reflect changes in staff.

1. **Add Authorized User:** We would like to **add Matthew Cobb, DO** for uses as described in 10 CFR 35.190, and 290. Attached to this amendment request you will find USNRC form 313A(d) and a copy of Dr. Cobb's certification confirmation letter from The American Osteopathic Board of Radiology.

If you have any further questions regarding this amendment request or would like to discuss it further do not hesitate to contact me.

Sincerely,

Steve Givens
Chief Operating Officer
Johnston Memorial Hospital

2007 MAY 21 PM 12:55

RECEIVED
REGION 1

- Attachments: 1. USNRC Form 313A(d)
2. Letter from AOBR regarding Dr. Cobb -

140535

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

Matthew Cobb, DO

State or Territory Where Licensed

Virginia

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
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			
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
Calculating, measuring, and safely preparing patient or human research subject dosages			

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			
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures			
Administering dosages of radioactive drugs to patients or human research subjects			
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 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 Matthew Cobb, DO 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 Matthew Cobb, DO 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 _____ 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 John R. Mullens, MD	Signature <i>Richard Mullens</i>	Telephone Number (276) 676-7000	Date 16 May 2007
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License/Permit Number/Facility Name
Johnston Memorial Hospital #45-25240-01 Docket 030-33118

AMERICAN OSTEOPATHIC ASSOCIATION

142 EAST ONTARIO STREET, CHICAGO, ILLINOIS 60611-2864 • 800-621-1773 • 312-202-8105 • FAX 312-202-8202

July 25, 2001

064047

Matt Cobb, DO

Dear Dr. Cobb:

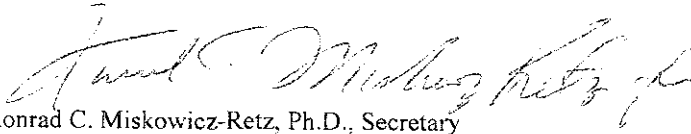
I am pleased to advise you that the Executive Committee of the Bureau of Osteopathic Specialists of the American Osteopathic Association APPROVED the recommendation of the American Osteopathic Board of Radiology to certify you as follows:

Diagnostic Radiology; Certificate Number 980
Effective Date of Certification - 07/18/2001

Your effective date of certification coincides with the date on which you were notified by the American Osteopathic Board of Radiology of completion of all requirements for certification, and is verified by this letter. The American Osteopathic Board of Radiology is presently preparing a certificate. As soon as it has been lettered and signed by the appropriate officers, the secretary of the specialty board will mail it to you.

Congratulations on your accomplishment. If you have any questions about your certificate, please contact the American Osteopathic Board of Radiology at (660) 265-4011.

Sincerely Yours,



Konrad C. Miskowicz-Retz, Ph.D., Secretary

KCMR/afr
cc: Specialty Board
Specialty College
AOA Manager, Certification

HTTP://WWW.AO-OSTEO-ASSN.ORG
E-MAIL: AOA-NET.ORG

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

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

5/16/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-25240-01
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** 140535.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.