

GE Healthcare

3520 Progress Drive Bensalem, PA 19020 USA

T 215 245 7805 F 215 245 4922

Nns82

June 11, 2007

U. S. Nuclear Regulatory Commission Region I 475 Allendale Road King of Prussia, PA 19406

03031990

Re: License No. 37-27830-02MD

On behalf of Medi Physics Inc, d.b.a. GE Health, I would like to make the following change to the above mentioned license:

- 1. Please add Michael Lipcavage as an authorized nuclear pharmacist. Michael is a newly registered pharmacist in Pennsylvania. Enclosed please find a copy of Michael's training and experience as required in part 35.55.
- 2. Please remove Chris Hoffman, Brenda Salvadore and Daniel Shearer as they no longer work for our company.

Thank you for your assistance. I can be reached at (215)245-7805 to answer any questions you may have.

Sincerely,

Michael Hess R.Ph.

Facility RSO

107 JW 12 M 0-3

140652 NMSS/RGN1 MATERIALS-002

NRC FORM 313A (10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2005

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I -- TRAINING AND EXPERIENCE

Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Michael Lipcavage Authorized Nuclear Pharmacist

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

| 3. CERTIFICATION | | | | |
|------------------|----------|-----------------------------|--|--|
| Specialty Board | Category | Month and Year Certified | | |
| | | | | |
| | | | | |
| | | | | |

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

| 4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists) | | | | |
|--|-------------------------------------|-------------|-------------------------|--|
| Description of Training | Location | Clock Hours | Dates of Training | |
| Radiation Physics and Instrumentation | University of New Mexico online | j00 | 6-1-04 TO 8-11-04 | |
| Radiation Protection | University of New Mexico online | 30 | 6-1-04 TO 8-11-04 | |
| Mathematics Pertaining to the Use and Measurement of Radioactivity | University of New Blexico poline | 20 | 6-1-04 To 8-11-04 | |
| Radiation Biology | University of New Mexico Online | 20 | 6-1-04 To 8-11-04 | |
| Chemistry of Byproduct Material for Medical Use | University of New Mexico Online | 30 | 6-1-04 To 8-11-04 | |
| Clinical Pharmacy | University of New Mexico Online | 50 | 6-1-04 To 8-11-04 | |

NRC FORM 313A (10-2002) U.S. NUCLEAR REGULATORY COMMISSION TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

| TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued) | | | | | |
|---|---|--|---|--|--|
| | | 5a. WORK EX | PERIENCE WITH RADIATION | | |
| Description of Experience | | | Name of Supervising Individual(s) | Location and Corresponding Materials License Number | Dates and Clock Hours of Experience |
| Generators | npounded various Runs eluting nerators and making Kits | | 1 / 1 / | 3570 Progress Dr. Bensalent, PA 19020 | 3/06 to pre |
| Utilizing | upto 800; of | Tc 99m // | lichael Hess | 37-27830-02m | 2490 hrs |
| Compounded | d Prostascint | and | lichael Hess | 3520 Progressor. Bensalen, MA 19020 | |
| Performed | an Kits with white Blood Ce | I~" // | 1, chsel Hess | 37-27830-02MD | 10 hrs |
| tagging u | oith both In 98m Cereter | "Oxine N | lichael Hess | 3520 Progress Dr. Bensglem PA 19020 | 0 1 |
| 9nd 10 | 1 / eretec | . /// | Ichael Hess | 37-27830-02 MD 35-20 Progress A/ | 20 hrs |
| _ | hed and dren | | Irchael Hess | Bensalen PA 1900 | Z-1 |
| | 53 dose | | I/Chael Hess | 37-27830-02MD | Shrs |
| , | ck-in | | Nichael Hess | Bensalem PA 19020 37-27830-02MB | 10 hrs |
| Performe | d Wipes and | | 4 / | 3520 Progress Or. Bensalen PA 190x | |
| Surveys Peformed Linearity and Constancy | | \mathcal{N} | lichael Hess | 37-27830-02M1 | 40 hrs |
| | , 1 | | 1/// | 3570 Progress DI Bensalen PA 19020 | |
| on dose Calibratus | | /// | lichael Hess | 37-27830-02M) | 10hrs |
| Aren Tlas I and Ga-67 doses | | | 1/// | 3520 Progress Dr. Bensalem, PA 1900 | |
| Isrew 11 | | | lichce Hess | 37-27830-02MU | 60hrs |
| | DD. | No. of Cases | CLINICAL CASE EXPERII | ENCE Location and | Dates and |
| Radionuclide | Type of Use | Involving Personal Participation | Supervising | Corresponding Materials License Number | Clock Hours of |
| | | rarticipation | | Number | Experience |
| | | | | | |
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| NRC FOR (10-2002) | | S AND EXPERIENCE AN | D PRECEPTOR STATE | U.S. NUCLEAR REGULATORY COMMISSI MENT (continued) | UN |
|---|--|--|------------------------------|---|----|
| | 6. FORMAI | TRAINING (applies to M | ledical Physicists and | | |
| Degree, Area of Study Location vor Correspon Residency Program Material | | 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) | |
| | | | | | |
| | 7. RADIATIO | ON SAFETY OFFICER (| ONE-YEAR FULL-TIME | WORK EXPERIENCE | |
| YE | S Completed 1-year of | f full-tme radiation safety e | xperience (in areas ident | ified in item 5a) under supervison | |
| N/A | of | - | the RSO for License N | lo | |
| | | | | | |
| | 8. MEDICAL | PHYSICIST ONE-YEAR | R FULL-TIME TRAINING | G/WORK EXPERIENCE | |
| YE | S Completed 1-year or | f full-time training in therap | eutic radiological physics | under the supervision of | |
| N/A | • | - | | s for Authorized Medical Physicists; and | |
| | · · · · · · · · · · · · · · · · · · · | | | - · · · | |
| YE | S Completed 1-year o | f full-time work experience | (for areas identified in ite | em 5a) for | |
| N/A | modality(ies) under | the supervision of | | who meets | |
| | requirements of Auti | norized Medical Physicists | for | modality(ies). | |
| <u></u> _= | | ··· | | | |
| | 9. SUPE | RVISING INDIVIDUAL | IDENTIFICATION AND | QUALIFICATIONS | |
| | | | | f more than one supervising individual is | 6 |
| | <i>to meet requirements in 1</i> Name of Şupervisor | 10 CFR 35, provide the foli | • | ncn): | |
| А. | $\Delta \Omega = 1$ | B. Supervis | | Aught anima diking the second and | |
| | Michael He | = | thorized User | Authorized Medical Physicist | |
| | | ⊠ Ra | diation Safety Officer | Authorized Nuclear Pharmacist | |
| C. | Supervisor meets require | ments of Part 35, Section(| s) <u>35.55</u> | and 35.57 | |
| | for medical uses in Part 3 | 5, Section(s) | | | |
| D. | Address | | | E. Materials License Number | |
| | | | | 37-27830 -ODML |) |
| | | | | | |

35 20 Progress Driv Bensalem, PA 19020

37-27830-02MD

| C. | NAME OF | PRECEPTOR | (print clearly |
|----|---------|-----------|----------------|
| | Mich | 10/ | 4055 |
| / | rnon | 901 F | +rss |

D. SIGNATURE -- PRECEDIOR

E. DATE



OFFICE OF THE DEAN

Education Building II/6-104 4301 West Markham, #522 Little Rock, AR 72205-7199

501-686-5557 501-686-8315 (fax)

www.uams.edu/cop

Pharmaceutical Sciences Department August 19, 2004 **Biomedical Research Center** 501-686-5937 501-686-6057 (fax) **Education Building II**

501-686-6280 501-526-6510 (fax)

Pharmacy Practice Department 501-686-6390 501-296-1168 (fax)

Doctor of Pharmacy Degree Non Traditional Program 501-686-7124 800-245-3256 (toll free)

501-526-6872 (fax) **Arkansas Poison Control**

501-686-5540 800-3POISON (toll free) 501-296-1451 (fax)

Drug Information 501-686-5072 888-228-1233 (toll free)

Continuing Education Program 501-686-5396

COLLEGE OF PHARMACY UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Nuclear Education

Michael Lipcavage **GE Healthcare** 1067 Hanover Street Wilkes Barre, PA 18706

Dear Michael,

Congratulations on your completion of Nuclear Education Online program for nuclear pharmacy training. We hope that you have gained the fundamental knowledge of the profession on which to build experience and expertise in this specialty area of pharmacy.

The faculty would also like to congratulate you for your outstanding performance. You earned the distinction of the NEO "Honor Roll" with a course performance score greater than 90%.

We appreciate your participation in the program and wish you the best in your career.

Best regards,

Nicki Hilliard, Pharm.D, MHSA, BCNP, FAPhA Associate Professor of Nuclear Pharmacy

University of Arkansas for Medical Sciences

Nicki Hilliard

Certificate of Completion

The University of Arkansas for Medical Sciences and the University of New Mexico Health Science Center certify that

Michael Lipcavage



has completed the didactic education requirements for Authorized Nuclear Pharmacist education as specified by the Nuclear Regulatory Commission.

Nuclear Pharmacist Education and Training

Dean, UAMS College of Pharmacy

Dean, UAMS College of Pharmacy

Dean, UAMS College of Health Related Professions

Executive Committee, Associate Professor

Executive Committee, Associate Professor

Executive Committee, Associate Professor

Executive Committee, Associate Professor

Executive Committee, Assistant Professor

August 11, 2004

University of Arkansas for Medical Sciences and University of New Mexico Health Science Center

Nuclear Pharmacist Education

Michael Lipcavage

| Nuclear Pharmacy Courses & | Nuclear Physics | Instrumentation | Radiation Safety | Radiation Biology | Radiopharmacy | Total |
|-------------------------------------|---------------------|---------------------|---------------------|----------------------|---------------------|-------|
| Training | 004-039-01-201-H-01 | 004-039-01-200-H-01 | 004-039-01-203-H-01 | 004-039-01-202-H-01 | 004-039-01-204-H-01 | |
| Radiation Physics & Instrumentation | 75 | 25 | | | | 100 |
| Radiation Protection | | | 30 | | | 30 |
| Math & Measure of Radioactivity | 5 | 5 | , | | 10 | 20 |
| Radiation Biology | | | | 20 | | 20 |
| Radiopharmaceutical Chemistry | | | | | 30 | 30 |
| Clinical Radiopharmacy | | | | | 50 | 50 |
| TOTALS | 80 | 30 | 30 | 20 | 40 | 250 |

Course dates: June 1 - August 11, 2004

Niski Hilliard

Nicki L. Hilliard, Pharm.D., BCNP Associate Professor of Nuclear Pharmacy

Jeffrey Noranberg, Pharm. D., M.S., BCNP Associate Pharmson of Nuclear Pharmacy

| | ceipt of your letter/application dated |
|--|---|
| includes an administrative rev | , and to inform you that the initial processing which iew has been performed. |
| | ve omissions. Your application was assigned to a note that the technical review may identify additional onal information. |
| Please provide to this office | e within 30 days of your receipt of this card |
| . , , | n forwarded to our License Fee & Accounts Receivable separately if there is a fee issue involved. |
| Your action has been assigne When calling to inquire about You may call us on (610) 337- | d Mail Control Number 140652. this action, please refer to this control number5398, or 337-5260. |
| NRC FORM 532 (RI) (6-96) | Sincerely, Licensing Assistance Team Leader |