

U. S. Nuclear Regulatory Commission
Region III
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4351

License # 24-16616-01

Re: Request to add an authorized user.

Dear Reviewer:

This is an amendment to notify NRC that we are requesting modification of our license to:

Add Troy Constant Avendanio, M.D. as an authorized user for 10 CFR 35.100 and 35.200 materials. Documentation of training is attached.

No other changes are requested at this time.

Thank you for your prompt attention to this amendment. Please contact our facility at, (573) 760-8042, if you have further questions.

Sincerely,



Title

2 - 19 - 2007
Date

RECEIVED AUG 24 2007

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Missouri State Board of Registration for the Healing Arts
Physician and Surgeon

VALID THROUGH JANUARY 31, 2008
ORIGINAL CERTIFICATE/LICENSE NO. 2002000271

TROY CONSTANT AVENDANIO, M.D.
2929 CARLISLE
DALLAS TX 75204
US

Tina M. Stinson
EXECUTIVE DIRECTOR

David J. Brooker
DIVISION DIRECTOR

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

Troy Constant Avendano, MD

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

AA Eligible



Certificate No. 52369

Phyllis O. Alderson, MD
President

Lith Eichen
Secretary-Treasurer

R.P. Hatten, MD
Executive Director



Valid through 2016

NRC FORM 313A (AUG 10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

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 CIBER...
EXPIRES: 10/31/2008

Name of Proposed Authorized User: **Troy Constant Avendano, MD** State or Territory Where Licensed: **Missouri**

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 after 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. *Provided in original request dated Feb 19 2007*
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, stop to complete the Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License meeting 10 CFR 35.530 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 copies of this section.)

| Description of Experience | Location of Experience/License or Permit Number of Facility | Work Hours | Date |
|--|---|------------|------|
| 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: **GERALD E FINKE, DO** License/Permit Number (listing supervising individual as authorized user): **24-25816-01**

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)(i)(G)

NRC FORM 313A (AUD) (10-2000) U.S. NUCLEAR REGULATORY COMMISSION 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 for each preceptor required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

X Board Certification

I attest that Troy Constant Avendano has satisfactorily completed the requirements of 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 35.103.

OR

Training and Experience

I attest that [Name of Proposed Authorized User] has satisfactorily completed the 60 hours of training and 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 35.103.

For 35.290

X Board Certification

I attest that Troy Constant Avendano has satisfactorily completed the requirements of 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 35.103 and 35.200.

OR

Training and Experience

I attest that [Name of Proposed Authorized User] has satisfactorily completed the 700 hours of training and experience, including a minimum of 90 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 35.103 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

GERALD E. FAWKE, DO Name of Preceptor

Signature [Signature] Telephone Number 816-494-0752

24-25816-01 Truman Medical Center License/Permit Number/Facility Name

| | |
|--|---|
| NRC FORM 313A (AUI) <small>(10-2000)</small> U.S. NUCLEAR REGULATORY COMMISSION 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 <i>Troy Constant Avendano, MD</i> | State or Territory Where Licensed <i>Missouri</i> |
| Requested Authorization(s) (check all that apply) <input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies <input checked="" type="checkbox"/> 35.200 Imaging and localization studies <input type="checkbox"/> 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. *Provided in original request dated Feb. 19, 2007*

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: *James R. Rice, DA*
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)(i)(G)

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
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 Troy Constant Averdanio has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(b)(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 Troy Constant Averdanio 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

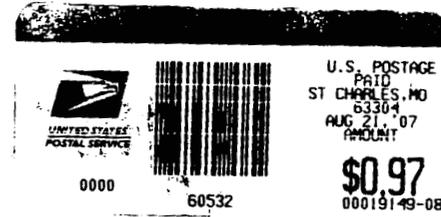
Complete the following for preceptor attestation and signature:

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 Signature Telephone Number Date
Lawrence R. Ricci, DO [Signature] 8169840752 6/10/07
License/Permit Number/Facility Name

Department of Nuclear Medicine
Parkland Health Center
1101 West Liberty Street
Farmington, Mo 63640



First Class Mail
First Class Mail

USNRC
Region III
2443 Waverille Road, Suite 210
Lisle, IL 60532-4351