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July 23, 2007

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

030 03303

**RE: Amendment to NRC Radioactive Materials License Number 45-01099-01**

Dear Ms. Beardsley:

We are requesting an amendment to the radioactive materials license referenced above to make the following change:

Murat H. Sor, M.D. is listed on our license as an authorized user for 35.100, 35.200, 31.11 and Iodine 131 for imaging and localization studies. Dr Sor has been supervised treating patients using 131 Iodine for hyperthyroidism and thyroid cancer. This involved quantities greater than and less than 33 mCi with more than 3 cases in each category. Please add 35.300 for using 131 Iodine to his authorized use. A signed preceptor form 313A is enclosed.

Please contact me at 703-558-6730 should you have any question concerning this request.

Sincerely,

*Russell E. McWey*  
Russell E. McWey, M.D.  
Radiation Safety Officer

Enclosure

141145



July 23, 2007

Licensing Assistant Section  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
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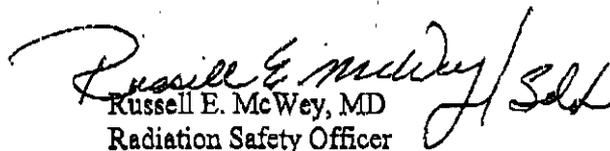
**RE: Documentation of recent classroom and laboratory training for Murat Sor, MD**

Dear Ms. Beardsley:

Dr. Sor has received 8 hours of continuing education on classroom and laboratory training applicable to medical use of sodium iodide 1-131 for procedures requiring written directive. This training included Radiation Physics and Instrumentation, Radiation protection, Mathematics pertaining to use and measurement of radioactivity, chemistry of byproduct material for medical use and Radiation Biology.

Please contact me at 703-558-6730 should you have any questions.

Sincerely

  
Russell E. McWey, MD  
Radiation Safety Officer

Enclosure

NRC FORM 313A (AUT) (10-2006)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
<b>AUTHORIZED USER TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]		

Name of Proposed Authorized User <p style="font-size: 1.2em; margin: 0;"><u>MURAT SOR</u></p>	State or Territory Where Licensed <p style="font-size: 1.2em; margin: 0;"><u>WASHINGTON, DC; VIRGINIA</u></p>
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Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

**OR**

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

**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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
  - c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
  - d. Skip to and complete Part II Preceptor Attestation.
- 2. Current 35.300, 35.400, or 35.800 Authorized User Seeking Additional Authorization**
- a. Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply):
    - 35.390     35.392     35.394     35.490     35.690
  - b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
  - c. If currently authorized under 35.490 or 35.890 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

NRC FORM 313A (AUT) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION  
**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training  35.390  35.392  35.394  35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and Instrumentation	NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20889 VIRGINIA HOSPITAL CENTER	100 2-hrs Continuing Education	10/17/94 11-4-94 02/07
Radiation protection	NATIONAL NAVAL MEDICAL CENTER VIRGINIA HOSPITAL CENTER	30 1-hr CEU	10-17-94 11-4-94 02/07
Mathematics pertaining to the use and measurement of radioactivity	NATIONAL NAVAL MEDICAL CENTER VIRGINIA HOSPITAL CENTER	20 1-hr CEU	10-17-94 11-4-94 02/07
Chemistry of byproduct material for medical use	NATIONAL NAVAL MEDICAL CENTER VIRGINIA HOSPITAL CENTER	30 1hr CEU	10-17-94 11-4-94 02/07
Radiation biology	NATIONAL NAVAL MEDICAL CENTER VIRGINIA HOSPITAL CENTER	30 3 hrs CEU	10-17-94 11-4-94 02/07-03/07
OTHER: Clinical Lecture Nuc Med + Radia isotopes	NATIONAL NAVAL MEDICAL CENTER	110	9-12-94 10-14-94
<b>Total Hours of Training:</b>		<b>320 (8 hrs CEU)</b>	

b. Supervised Work Experience  35.390  35.392  35.394  35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	VIRGINIA HOSPITAL CENTER NRL 45-01099-01	100	04/04-02/05
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	VIRGINIA HOSPITAL CENTER NRL 45-01099-01	200	04/04-02/05
Calculating, measuring, and safely preparing patient or human research subject dosages	VIRGINIA HOSPITAL CENTER NRL 45-01099-01	100	04/04-02/05
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	VIRGINIA HOSPITAL CENTER NRL 45-01099-01	150	04/04-02/05
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	VIRGINIA HOSPITAL CENTER NRL 45-01099-01	100	04/04-02/05
<b>Total Hours of Supervised Work Experience:</b>		<b>650</b>	

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(10-2004)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience (continued)**

Supervising Individual  <b>RUSSELL E. McWEY, M.D.</b>	License/Permit Number listing supervising individual as an authorized user  <b>NRC-45-01099-01</b>
Supervising Individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

**c. Supervised Clinical Case Experience**

*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	100	VIRGINIA HOSPITAL CENTER	09/99 - Present
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	-40	VIRGINIA HOSPITAL CENTER	09/99 - Present
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
_____ (List radionuclides)			

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**c. Supervised Clinical Case Experience (continued)**

Supervising Individual <b>RUSSELL E. McWEY, MD</b>	License/Permit Number listing supervising individual as an authorized user <b>NRC-45-01099-01</b>
Supervising Individual meets the requirements below, or equivalent Agreement State requirements (check all that apply):	
<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

**d. Provide completed Part II Preceptor Attestation.**

**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.

**First Section**

Check one of the following for each requested authorization:

For 35.390:

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

**OR**

Training and Experience

I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that MURAT SOR, MD has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case  
experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that MURAT SOR, MD has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case  
experience required in 35.394(c)(2).

**Second Section**

I attest that \_\_\_\_\_ has satisfactorily completed the required clinical case  
Name of Proposed Authorized User  
experience required in 35.390(b)(1)(II)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

**Third Section**

I attest that MURAT SOR, MD has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User  
function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

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(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

I attest that \_\_\_\_\_ is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**OR**

**Board Certification:**

I attest that \_\_\_\_\_ has satisfactorily completed the board certification  
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

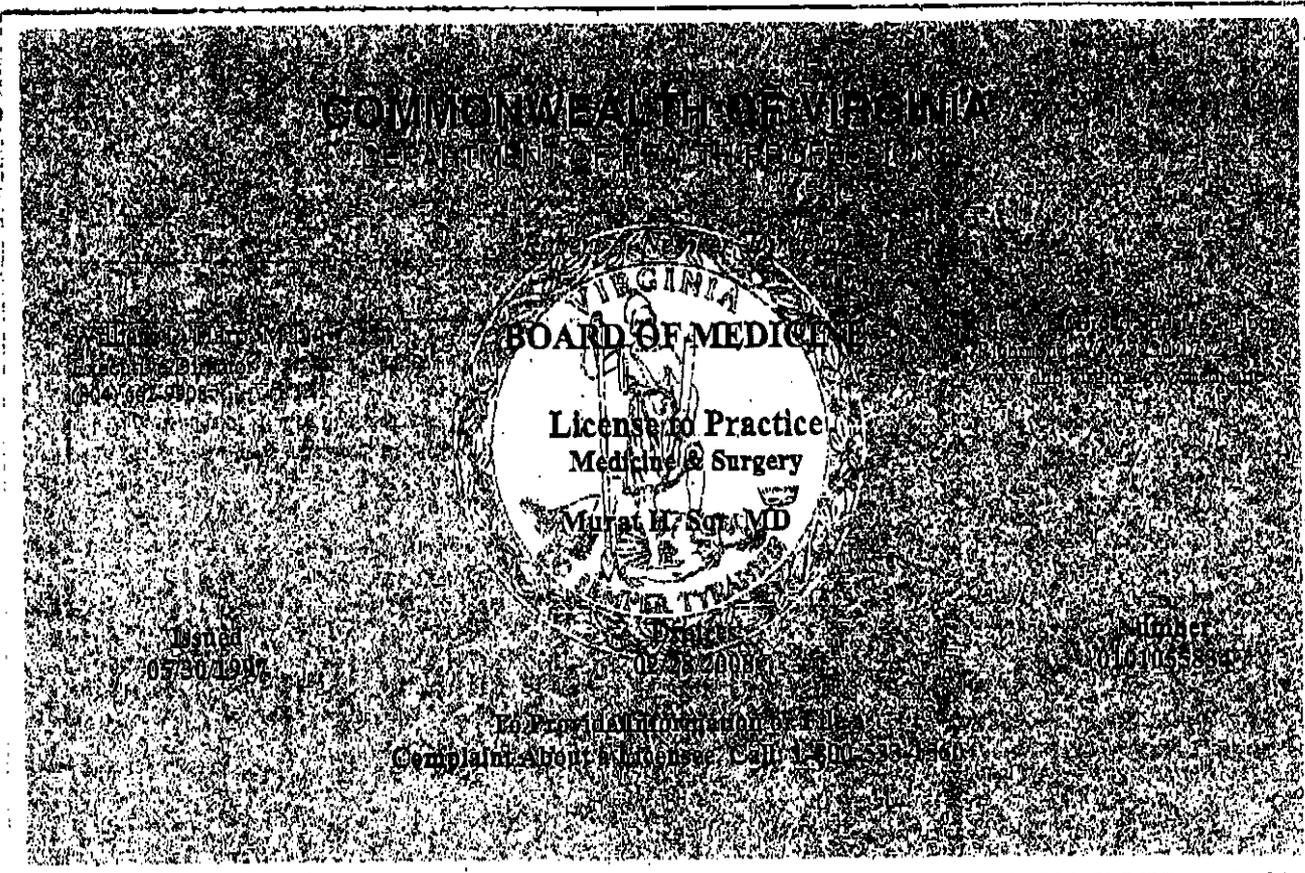
I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390     35.392     35.394     35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor <b>RUSSELL E. McWEY, MD</b>	Signature <i>[Signature]</i>	Telephone Number <b>703-558-5901</b>	Date <b>7/13/07</b>
License/Permit Number/Facility Name <b>NRC-45-01099-01</b>			



# 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 Physicians in Medicine*

*Hereby certifies that*

**Murat Halit Sor, M.D.**

*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 twelfth day of June, 1996*

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

**Diagnostic Radiology**



*Lucas S. Anderson, M.D. President*     *Robert R. Houten, M.D. Secretary-Treasurer*     *M. Paul Capp, M.D. Executive Director*

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

7/23/2007 (RECEIVED BY FAX)  
10/4/2007

and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-01099-01  
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

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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** 141145.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.