VIRGINIA HOSPITAL CENTER

J-3

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

03003303

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

NMSS/RGN1 MATERIALS-002

VIRGINIA HOSPITAL CENTER

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

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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed
MURAT SOR	WASHINGTON, DC, VIRGINIA

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 35.600 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 35.690 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.

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(10-2008)

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	10/17/94 11-4-94 02/07
Radiation protection	NATIONAL NAVAL MEDICAL CENTER VIRGINIA HOSPITAL CENTER	Educ. Credit 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 + Radioisotopes	NATIONAL NAVAL MEDICAL CENTER **Total Hours of Training:**	110 320 (8 hrs CEU)	9-12-94 10-14-94

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 NRC-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 NRC-45-01099-01	200	04/04-02/05
Calculating, measuring, and safely preparing patient or human research subject dosages	VIRGINIA HOSPITAL CENTER NRC 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 NRC-45-01099-01	150	04/04-02/05
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	VIRGINIA HOSPITAL CENTER NRC-45-01099-01	100	04/04-02/05
Total Hours of Supervised Work Experience:		650	

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(10-2006)

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	License/Permit Number listing supervising individual as an *authorized user*
RUSSELL E. McWEY, M.D.	NRC-45-01099-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

- [X] 35.390
- [ ] 35.392
- [ ] 35.394
- [ ] 35.396

With experience administering dosages of:

- [ ] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [X] 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

** 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 adminstration of any other radionuclide for which a written directive is required (List radionuclides)			

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(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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	License/Permit Number listing supervising individual as an authorized user
RUSSELL E. McWEY, MD	NRC-45-01099-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

☒ 35.390	With experience administering dosages of:
☐ 35.392	☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ 35.394	☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ 35.396	☒ 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

** 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
Name of Proposed Authorized User

requirements in 35.390(a)(1).

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 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

NRC FORM 313A (AUT)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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):

[X] 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):

[X] 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

[X] 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:

- [X] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [X] 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 adminstration 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 adminstration 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	Signature	Telephone Number	Date
RUSSELL E. McWEY, MD	[signature]	703-558-5901	9/13/07
License/Permit Number/Facility Name			
NRC-45-01099-01			

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

VIRGINIA

BOARD OF MEDICINE

License to Practice
Medicine & Surgery

Murat H. Sut, MD

Issued
05/30/1997

Expires
02/28/2008

Number
0101055834

To Provide Information or File a
Complaint About a License, Call 1-800-533-1560

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

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 specialty of

Diagnostic Radiology

THE AMERICAN BOARD OF RADIOLOGY
INCORPORATED IN THE DISTRICT OF COLUMBIA
1934

AMERICAN BOARD OF MEDICAL SPECIALTIES
EXCELLENCE

Sarah S. Donaldson, MD
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Robert R. Hartley, MD
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

_____.

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** 14145.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader