Michael N. O'Keefe
President and CEO

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Lewisburg, PA 17837
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October 15, 2007

NMSB1

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03003050

RE: Amendment to NRC License number 37-05433-01

To Whom It May Concern:

We would like to amend our Materials License to reflect the following changes...

- Add the following individual(s) to our license

	Individual	Previous experience, license number, etc.	Requested Uses
Authorized User	Nicholas J. Wilson, M.D.	Refer to attached preceptor Form	35.100, 35.200
Authorized User	Lisa K. Strawser, D.O.	Refer to attached preceptor Form	35.100, 35.200
Authorized User	Nicholas Fasano, M.D.	Refer to attached preceptor Form	35.100, 35.200

If you have any questions with regard to our amendment request, please contact our consultant physicist, Doug Heim at (570) 452-6475.

Sincerely,

Michael N. O'Keefe

Michael O'Keefe
President/CEO

141219

NMSS/RGN1 MATERIALS-002

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

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	State or Territory Where Licensed
NICHOLAS J. WILSON	PA

Requested Authorization(s) *(check all that apply)*

- [X] 35.100 Uptake, dilution, and excretion studies
- [X] 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.

[X] **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	GEISINGER MED. CENTER DANVILLE, PA 17822	25	2002+2003 SEE ATTACHED
Radiation protection	"	15	"
Mathematics pertaining to the use and measurement of radioactivity	GEISINGER MED. CENTER DANVILLE, PA 17822 + THEODORE VILLAFANA	15	"
Chemistry of byproduct material for medical use *(not required for 35.590)*	"	10	"
Radiation biology	"	20	"
Total Hours of Training:		85	

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	GEISINGER MED. CENTER DANVILLE, PA 17822	24	2/8/07 + 2/15/07 + 2/23/07
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	↓	↓	↓

NRC FORM 313A (AUD)
(10-2008)

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)

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	GEISINGER MED CENTER	24	2/8/07 & 2/15/07 & 2/23/07
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:		24	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
ANN M MCGEEHAN, MD	Lic. # 37-01421-01 PA DEP Lic. # PA-0006 Permit # 050425

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.

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

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 _____ 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 NICHOLAS J WILSON 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 _____ 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 NICHOLAS J WILSON 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
ANN M. MCGEEHAN	Ann M. McGeehan MD	570-271-6361	5-7-07

License/Permit Number/Facility Name
Lic. # 37-01431-01 Permit # 050425 Geisinger Health System

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

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: Lisa K. Strawser, D.O.

State or Territory Where Licensed: Pennsylvania

Requested Authorization(s) *(check all that apply)*

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 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: ANN M. MCGEEHAN, MD

License/Permit Number listing supervising individual as an authorized user: NRC Lic. # 37-01421-01 PA DEP Lic # PA-0006 Permit # 050425

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	Geisinger Medical Center Residency Training	128	7/1/02-6/30/06
Radiation protection	Visiting Professors + Review Courses	80½	2002-2006
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use *(not required for 35.590)*			
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	Geisinger Medical Center Radiology Residency	8	2002-2006
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Nuclear Medicine Technologist		1991-1996
Calculating, measuring, and safely preparing patient or human research subject dosages	Nuclear Medicine Technology School South Central Pa. Consortium		1990-1991

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
ANN M. MCGEEHAN, MD	NRC Lic# 37-01421-01 PA DEP Lic# PA-0006 Permit # 050425

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 _____ 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 LISA K STRAWSER 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 _____ 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 LISA K. STRAWSER 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
ANN M MCGEEHAN	Ann M. McGeehan MD	570-271-6301	5/25/07

License/Permit Number/Facility Name NRC Lic. # 37-01421-01
Permit # 050425 PA DEP Lic # PA-0006

FLORIDA DEPARTMENT OF HEALTH

BUREAU OF RADIATION CONTROL

PRECEPTOR/APPLICANT STATEMENT

Training and experience requirements for medical use of radioactive material are specified in Part VI, Subpart I of Chapter 64E-5, Florida Administrative Code (F.A.C.) (http://www.doh.state.fl.us/environment/radiation/). This document is to be completed by the applicant physician, the preceptor and designated individuals at the training medical institution such as Radiation Safety Committee Chairman or other Certifying Official. Use a separate document for each preceptor providing supervision of clinical training. Only clinical training received at a medical institution is acceptable.

INSTRUCTIONS:

Applicants with Radiological Specialty Board Certification or Accreditation for Graduate Medical Education Training in Nuclear Medicine needs to complete page 1 only.

OTHERWISE:

An applicant wishing authorization only for diagnostic procedures needs to complete pages 1 – 4.
(Examples are imaging of the brain, liver, heart, lungs, etc, or thyroid uptake.)

An applicant wishing authorization only for therapy procedures needs to complete pages 2 and, 5 – 7.
(Example: treatment of thyroid cancer or hyperthyroidism, bone pain, or brachytherapy procedures to include permanent implants for treatment of prostate cancer, temporary implants for treatment of ovarian cancer, high dose rate remote afterloader devices (HDR) for treatment of ovarian caners or teletherapy sources.)

An applicant wishing authorization for **both** diagnostic and therapy procedures needs to complete pages 1 – 7.

NAME OF APPLICANT PHYSICIAN:	NICHOLAS	FASANO		☒ M.D. ☐ D.O.
	First	Last	MI	

RADIOLOGICAL SPECIALTY BOARD CERTIFICATION (Attach photocopy of certificate)	DATE OF CERTIFICATE
American Board of Nuclear Medicine – Nuclear Medicine	
American Board of Radiology – Diagnostic Radiology, Rad. Oncology, Radiology or Therapeutic Radiology	
American Osteopathic Board of Radiology – Diagnostic Radiology, Radiology or Radiation Oncology	
American Osteopathic Board of Nuclear Medicine – Nuclear Medicine	
British Fellow of the Faculty of Radiology or Royal College of Radiology – Radiotherapy	
Canadian Royal College of Physicians and Surgeons – Therapeutic Radiology	
An applicant with one of the above certifications is not required to complete this document if a copy of the board certificate applicable to the requested uses is provided. If the applicant has completed training in uses other than those covered by the board certification, then this document needs to be completed to show the additional training and experience	

– OR –

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) TRAINING IN NUCLEAR MEDICINE
(Attach photocopies of provider certificates documenting completion of training. Some ACGME program numbers may be found using the search feature and reports tab at http://www.acgme.org/adspublic/)

Institution Name & AGME Provider Number	Affiliated Hospital & Address	Directors Name	Director's Phone # Director's Fax #	Dates of Training From – To
			Phone: Fax	
			Phone: Fax	

– OR –

To knowingly make false statements to a public servant is a violation of section 837.06, Florida Statutes, and is punishable by fine or imprisonment.

PRECEPTOR/APPLICANT STATEMENT

An applicant physician who does not hold one of the above listed board certifications or who has not completed a 6-month ACGME-accredited program ***must*** submit documentation of didactic training and clinical experience. Complete the following didactic training table, and then complete the subsequent pages to document clinical experience. Include all required signatures.

INSTRUCTION IN BASIC RADIONUCLIDE HANDLING TECHNIQUES (DIDACTIC TRAINING)

(Attach photocopies of any other documents such as letters or certificates that demonstrate completion of didactic training)

DIDACTIC TRAINING PROVIDER (include name, address, telephone number and radioactive material license number)	TOPICS (Required hours are for 64E-5.627 authorization: fewer hours are needed for 64E-5.626 or 64E-5.631 procedures)	TRAINING DATES FROM – TO:	TOTAL HOURS TRAINED
	Radiation Physics and Instrumentation (15 hours required for 64E-5.626) (100 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (110 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)	7/1/03 - 6/30/07	200
	Radiation Protection (10 hours required for 64E-5.626) (30 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (40 hours required for 64E-5.632 and .634) (2 hours required for 64E-5.631)	"	30
	Mathematics Pertaining to the Use and Measurement of Radioactivity (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (10 hours required for 64E-5.630) (4 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)	"	20
	Radiopharmaceutical Chemistry (5 hours required for 64E-5.626) (30 hours required for 64E-5.627) (No hours required for 64E-5.630) (No hours required for Sr-90 eye applicator) (No hours required for 64E-5.632 and .634) (No hours required for 64E-5.631)	"	40
	Radiation Biology (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (20 hours required for 64E-5.630) (8 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)	"	20
	TOTAL Hours from above (40hours required for 64E-5.626) (200 hours required for 64E-5.627) (80 hours required for 64E-5.630) (24 hours required for Sr-90 eye applicator) (200 hours required for 64E-5.632 and .634) (8 hours required for 64E-5.631)	"	310

To knowingly make false statements to a public servant is a violation of section 837.06, Florida Statutes, and is punishable by fine or imprisonment.

PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:	Nicholas (First)	Fasano (Last)	MI	☒ M.D. ☐ D.O.

UPTAKE, DILUTION OR EXCRETION STUDIES (64E-5.626, F.A.C.)

CLINICAL TRAINING RECEIVED UNDER THE SUPERVISION OF AN AUTHORIZED USER AS SPECIFIED IN 64E-5.649(2)(b), F.A.C.	CLINICAL TRAINING HOURS
Mark each box as applicable: ☐ Examined patients and reviewed their case histories to determine their suitability for radionuclide diagnosis, including limitations or contraindications ☐ Selected the suitable radiopharmaceutical and calculated and measured the dosage ☐ Administered dosages to patients using syringe radiation shields ☐ Performed patient follow-up	_____ (Minimum of 20 hours)

IMAGING AND LOCALIZATION STUDIES (64E-5.627, F.A.C.)

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CARDIAC-ONLY/RENAL STUDIES
☐ Tl-201 and/or Tc-99m	Cardiac Imaging
☐ Xe-133 or Xe-127	Blood Flow Studies and Pulmonary Function Studies
☐ F-18	Cardiac Positron Emission Tomography (PET)
☐ Other:	Other Cardiac Studies
☐ Other:	Renal Studies
RADIONUCLIDE	NON-CARDIAC STUDIES
☐ F-18	Non-Cardiac Positron Emission Tomography (PET)
☐ Other:	Non-Cardiac Imaging and Localization
RADIONUCLIDE	GENERATORS AND REAGENT KITS
☐ Mo-99/Tc-99m Generator	Eluted Tc-99m from generator, assayed and tested the eluate for Mo-99 and alumina contamination as specified in 64E-5.650, F.A.C.
☐ Sr-82/Rb-82 Generator	Eluted Rb-82 from generator, assayed and tested the eluate for Sr-82 and tin contamination
☐ Tc-99m Reagent Kits	Processed reagent kits to prepare Tc-99m labeled radiopharmaceuticals
☐ Other:	

DIAGNOSTIC RADIOPHARMACEUTICAL CLINICAL TRAINING (64E-5.627, F.A.C.)

Completed 500 hours of work experience and 500 hours of clinical experience concurrently under the supervision of an authorized user at a medical institution, as specified in 64E-5.650(2)(b) and (e), F.A.C., including the following:

- ☐ Ordered, received and unpacked radioactive materials safely and performed the related radiation surveys
- ☐ Calibrated dose calibrators and diagnostic instruments and performed checks for proper operation of survey meters
- ☐ Calculated and prepared patient dosages and used administrative controls to prevent misadministration
- ☐ Used emergency procedures to contain spilled radioactive material and used proper decontamination procedures
- ☐ Eluted Tc-99m from generator systems, assaying and testing the elute for Mo-99 and alumina contamination, and processing the elute with reagent kits to prepare Tc-99m-labeled radiopharmaceuticals
- ☐ Examined patients and reviewed each case history to determine their suitability for radionuclide diagnosis, including limitations or contraindications
- ☐ Selected the suitable radiopharmaceutical and calculated and measured the dosages; administered dosages to patients and used syringe radiation shields; collaborated with the authorized user in the interpretation of radionuclide test results; patient follow-up

To knowingly make false statements to a public servant is a violation of section 837.06, Florida Statutes, and is punishable by fine or imprisonment.

PRECEPTOR/APPLICANT STATEMENT

SEALED SOURCES FOR DIAGNOSIS (64E-5.631, F.A.C.)

SOURCE AND DEVICE MANUFACTURER AND MODEL NUMBER	CLINICAL TRAINING/DEVICE SPECIFIC	TOTAL CLINICAL HOURS TRAINED
N/A	☐ 2 hours of training in use of the device as specified in 64E-5.654(2)(c), F.A.C.	_____ (min. of 8 hrs.)

DIAGNOSTIC TRAINING VERIFICATION

Hours of specific training for diagnostic procedures must include both radiation safety and patient-related topics as specified in 64E-5.649 – 64E-5.654, F.A.C., as applicable. All information in Items 2 – 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. **– OR –** Items 11 and 12 may be completed by a certifying official for the preceptoring medical institution. A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution. If training was performed at more than one institution, obtain a separate, completed statement from each.

1. Applicant Physician's Name (print): Nicholas Fasano, M.D. Phone: Extension:	4. Applicant Physician's Signature: Date:
2. Name and Address of Preceptoring Medical Institution: Jackson Memorial Hospital Division of Nuclear Medicine 1611 N.W. 12th Avenue Miami, FL 33136 Phone: 305-585-7955 Extension: -	5. Dates of Training: From 7/1/03 To: 6/30/07 6. Total Number of Clinical Hours in Training: 900 7. Preceptoring Medical Institution's Radioactive Materials License No.: 1319-1 (A-84) 8. Preceptoring Physician's Name (print): George Sfakianakis, M.D. Phone: 305-585-7955 Extension: -
3. Name of Medical Director of Residency Program (print): George Sfakianakis, M.D. Phone: 305-585-7955 Extension: -	9. Preceptoring Physician's Signature: Date:

Florida requires documentation of clinical training from the RSC of the preceptoring medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Preceptoring Institution's RSC Chair (print): George Sfakianakis, M.D. Phone: 305-585-7955 Extension: -	11. Radiation Safety Committee Chair's Signature: Date:

- OR -

12. Name of Medical Institution's Certifying Official (print): Phone: Extension:	13. Certifying Official's Signature: Date:

To knowingly make false statements to a public servant is a violation of section 837.06, Florida Statutes, and is punishable by fine or imprisonment.

PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:	Nicholas	Fasano, M.D.	☒ M.D. ☐ D.O.
	First	Last	MI

THERAPEUTIC RADIOPHARMACEUTICAL CLINICAL TRAINING (64E-5.630, F.A.C.)

(training and experience as specified in 64E-5.651, F.A.C.)

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
P-32 (colloidal) or Au-198 (colloidal)	Intracavitary Treatment of Malignant Effusions	3	
I-131	Treatment of Cardiac Dysfunction or Hyperthyroidism	10	
I-131	Treatment of Thyroid Carcinoma	3	
I-131, P-32 (soluble), Sr-89, Sm-153 or Y-90	Systemic Therapy Treatments	3	
Other:			

OPHTHALMIC USE OF STRONTIUM 90 CLINICAL TRAINING (64E-5.632, F.A.C.)

(Training and experience shall be as specified in 64E-5.653, F.A.C.)

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
Sr-90	Treatment of Eye Disease	5	

Mark each box as applicable:

☐ Received clinical training in ophthalmic radiotherapy under the supervision of an authorized user at a medical institution, including the use of strontium 90 for the ophthalmic treatment of 5 individuals, including each of the following as indicated.

- ☐ Examination of each individual to be treated
- ☐ Calculation of the dose to be administered
- ☐ Administration of the dose
- ☐ Follow-up and review of each individual's case history

THERAPEUTIC BRACHYTHERAPY CLINICAL TRAINING (64E-5.632, F.A.C.)

(Training and experience as specified in section 64E-5.652, F.A.C.)

RADIONUCLIDE	CONDITIONS DIAGNOSED OR TREATED
☐ Cs-137	Interstitial Treatment
☐ Co-60	Interstitial, Topical or Intracavitary Treatments
☐ Rn-222	Interstitial Treatment
☐ Ir-192	Interstitial Treatment
☐ Pd-103	Interstitial Treatment
☐ I-125	Interstitial Treatment
☐ Ir-192	Use of High Dose Rate Remote Afterloaders
☐ Au-198	Interstitial, Intracavitary or Topical Treatments
☐ Cs-137 or Ra-226	Interstitial, Intracavitary or Topical Treatments
☐ Other:	

To knowingly make false statements to a public servant is a violation of section 837.06, Florida Statutes, and is punishable by fine or imprisonment.

PRECEPTOR/APPLICANT STATEMENT

THERAPEUTIC BRACHYTHERAPY CLINICAL TRAINING (64E-5.632, F.A.C.)

(continued)

Mark each box as applicable:

- ☐ Completed 500 hours of work experience under the supervision of an authorized user at a medical institution including the following:
  - ☐ Ordered, received, and unpacked radioactive materials safely and performed the related radiation surveys
  - ☐ Checked survey meters for proper operation
  - ☐ Prepared, implanted and removed sealed sources
  - ☐ Used administrative controls to prevent the misadministration of radioactive material
  - ☐ Used emergency procedures to control radioactive material
- ☐ Completed 3 years of supervised clinical experience including one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution, including the following:
  - ☐ Examined individuals and reviewing their case histories to determine their suitability for brachytherapy treatment, and any limitations or contraindications
  - ☐ Selected the proper brachytherapy source, dose, and method of administration
  - ☐ Calculated the dose
  - ☐ Conducted post-administration follow-up and review of case histories in collaboration with the authorized user

TELETHERAPY CLINICAL TRAINING (64E-5.634, F.A.C.)

(Training and experience as specified in 64E-5.655, F.A.C.)

RADIONUCLIDE	CONDITION TREATED
☐ Co-60	

Mark each box as applicable:

- ☐ Completed 500 hours of work experience under the supervision of an authorized user at a medical institution including each of the following as indicated.
  - ☐ Review of the full calibration measurements and periodic spot checks
  - ☐ Preparing treatment plans and calculating treatment times
  - ☐ Using administrative controls to prevent misadministrations
  - ☐ Implementing emergency procedures to be followed in the event of the abnormal operation of a teletherapy unity or console
  - ☐ Checking and using survey meters
- ☐ Completed 3 years of supervised clinical experience including 1 year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and 2 years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution, including the following:
  - ☐ Examining individuals and reviewing each case history to determine their suitability for teletherapy treatment, and any limitations or contraindications
  - ☐ Selecting the proper dose and how it is to be administered
  - ☐ Calculating the teletherapy doses and collaborating with the authorized user in the review of the patient's progress and consideration of the need to modify originally prescribed doses as warranted by the patient's reaction to radiation
  - ☐ Post-administration follow-up and review of case histories

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PRECEPTOR/APPLICANT STATEMENT

THERAPEUTIC TRAINING VERIFICATION

Hours of specific training for therapeutic procedures must include both radiation safety and patient-related topics as specified in 64E-5.651 – 64E-5.655, F.A.C., as applicable. All information in Items 2 – 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. **– OR –** Items 11 and 12 may be completed by a certifying official for the medical institution. (A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution.). If training was performed at more than one institution, obtain a separate, completed statement from each.

1. Applicant Physician's Name (print): Nicholas Fasano, M.D. Phone: Extension:	4. Applicant Physician's Signature: Date:
2. Name and Address of Preceptoring Medical Institution: Jackson Memorial Hospital Division of Nuclear Medicine 1611 N.W. 12th Avenue Miami, FL 33136 Phone: 305-585-7955 Extension: -	5. Dates of Training: From 7/1/03 To: 6/30/07 6. Total Number of Clinical Hours in Training: 900 7. Preceptoring Medical Institution's Radioactive Materials License No.: 1319-1 (A-84) 8. Preceptoring Physician's Name (print): George Sfakianakis, M.D. Phone: 305-585-7955 Extension: -
3. Name of Medical Director of Residency Program (print): George Sfakianakis, M.D. Phone: 305-585-7955 Extension: -	9. Preceptoring Physician's Signature: Date:

Florida requires documentation of clinical training from the RSC of the preceptoring medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Preceptoring Institution's RSC Chair (print): George Sfakianakis, M.D. Phone: 305-585-7955 Extension: -	11. Radiation Safety Committee Chair's Signature: Date:

- OR -

12. Name of Medical Institution's Certifying Official (print): Phone: Extension:	13. Certifying Official's Signature: Date:

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

10/15/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-05433-01

[✓] 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** 141219.
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