



In alliance with  
The University of Vermont

NMSS

October 25, 2007

Nuclear Materials Safety Section  
Division of Radiation Safety and Safeguards  
United States Nuclear Regulatory Commission Region I  
475 Allendale Road  
King of Prussia, PA 19406

RE: Fletcher Allen Health Care  
License # 44-10187-03

03003289

Please amend our radioactive materials license to add Timothy J. Higgins, M.D. as an authorized user for 35.100, 35.200, 35.300 uses as requested, and 35.500 applications. Attached is a copy of Dr. Higgins ABR certification in Diagnostic Radiology issued June, 2006 with AU Eligible status. For 35.300 we request authorized user status for I-131 administrations, both less than and greater than 33 mCi. Documentation of completion of the required number of procedures is submitted as Form 313A signed by a preceptor who is an authorized user for 35.300 on our radioactive materials license. Dr. Higgins has not yet completed the required three cases for parenteral administrations requiring a written directive.

Thank you for your attention to this. If you have questions please contact Marleen M. Moore, M.S., Radiation Safety Officer, at (802) 847-3506. All correspondence should be copied to Marleen Moore, M.S., Shepardson 2

Sincerely,

Angeline Marano  
Chief Operating Officer  
Fletcher Allen Health Care

Marleen M. Moore, M.S.  
Radiation Safety Officer and Authorized Medical Physicist  
Fletcher Allen Health Care

# 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

**Timothy J. Higgins, 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**

AM Eligible



Certificate No. 53646

*Ray O. Anderson, MD*  
President

*Lith Eicken*  
Secretary-Treasurer

*R.P. Hatten, MD*  
Executive Director



Valid through 2016

NRC FORM 313A (AUT) <small>(3-2007)</small> U.S. NUCLEAR REGULATORY COMMISSION  <p style="text-align: center;"><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]</p>	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
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Name of Proposed Authorized User Timothy J. Higgins, M.D.	State or Territory Where Licensed Vermont
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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 35.600 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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**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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			

**Total Hours of Training:**

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.*

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 (3-2007) **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 \_\_\_\_\_

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.

**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)	4	Fletcher Allen Health Care Burlington, VT 05401 NRC License #44-10187-03	7/14/2004, 7/15/2004, 7/20/2004, 7/22/2004
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	4	Fletcher Allen Health Care Burlington, VT 05401 NRC License #44-10187-03	8/15/2003 7/14/2004 7/8/2004 (2 cases)
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)			

NRC FORM 313A (AUT)  
(3-2007)

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
Janusz Karol Kikut, M.D.	NRC License #44-10187-03

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 Timothy J. Higgins, M.D. 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

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 (3-2007)  
**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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 Timothy J. Higgins, M.D. 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 Timothy J. Higgins, M.D. 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

**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 Janusz Karol Kikut, M.D.	Signature <i>Janusz Kikut</i>	Telephone Number (802) 847-2526	Date 10/18/07
License/Permit Number/Facility Name License #44-10187-03 Fletcher Allen Health Care			



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

10/25/2007, and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 44-10187-03  
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** 141246.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.