



In alliance with  
The University of Vermont

MCHV CAMPUS 111 Colchester Avenue  
Burlington, VT 05401

~~Faxed OK  
11/16/07~~

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K-3 12/17/07

FAX COVER SHEET

DEPARTMENT OF RADIATION ONCOLOGY  
SHEPARDSON 2S MCHV - FAHC  
111 COLCHESTER AVENUE  
BURLINGTON, VT 05401

44-10187-03  
03003289

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Date of Transmittal:

~~11/16/07~~ 12/17/07

FAX Number:

610 337 1921

TO:

NRC

Attn Michelle Simmons

Company Name:

5269

FROM:

Maureen Moore

Radiation Oncology

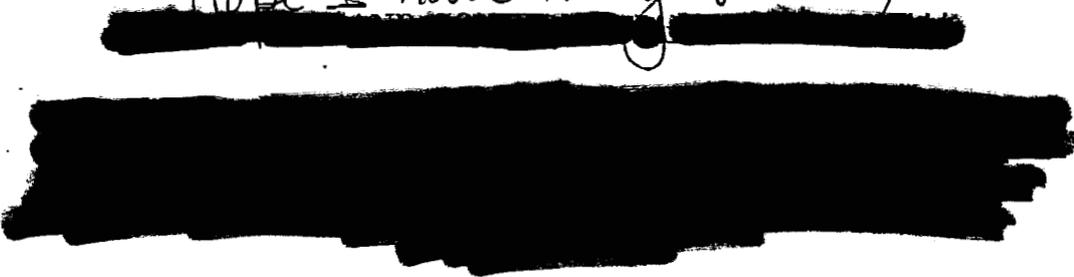
Total number of pages:  
(including cover sheet)

X 5

Comments:

In response to your request for  
additional information

Hope I have it right now Maureen



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NRC FORM 313A (AUD) (3-2007)	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 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]			
Name of Proposed Authorized User Timothy J. Higgins, M.D.		State or Territory Where Licensed Vermont	
Requested Authorization(s) (check all that apply)			
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies <input checked="" type="checkbox"/> 35.200 Imaging and localization studies <input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device as given in 6F License #44-10187-03 )			
<b>PART I -- TRAINING AND EXPERIENCE</b> (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.			
<input checked="" type="checkbox"/> <b>1. Board Certification</b>			
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.			
<input type="checkbox"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b>			
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			
<b>Total Hours of Experience:</b>			
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).			
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)			

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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.

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 (not required for 35.590)			
Radiation biology			
<b>Total Hours of Training:</b>			

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.)

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	

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**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 Timothy J. Higgins MD 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 \_\_\_\_\_ 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 Timothy J Higgins, M.D. has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

Complete the following for preceptor attestation and signature:

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

- 35.190     35.290     35.390     35.390 + generator experience

Name of Preceptor Janusz K Kikut, M.D.	Signature <i>Janusz Kikut</i>	Telephone Number 802 847-2526	Date 11/16/2007
License/Permit Number/Facility Name Fletcher Allen Health Care, Burlington, Vermont NRC License #44-10187-03			