



TELECOPY TRANSMITTAL

DATE: 1-10-08  
 TO: Bell Reichhold

Fax Number: 630-515-1078

FROM: Jenna Jura

RE: control # 316663

Nuclear Cardiac Imaging

COMMENTS: Additional information  
313 A forms

This transmittal consists of \_\_\_\_\_ pages (including transmittal cover sheet). Please contact me if you have any questions or problems with this transmittal.

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NRC FORM 313A (RSO) (2-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008	
<b>RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> [10 CFR 35.50]			
Name of Proposed Radiation Safety Officer <b>Laura M. Luna</b>			
Requested Authorization(s) <i>The license authorizes the following medical uses (check all that apply):</i>			
<input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader)			
<input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 ( _____ )			
<b>PART I – TRAINING AND EXPERIENCE</b> (Select one of the four 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 type="checkbox"/> <b>1. Board Certification</b>			
a. Provide a copy of the board certification. b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license. c. Skip to and complete Part II Preceptor Attestation.			
<b>OR</b>			
<input type="checkbox"/> <b>2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above</b>			
a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought. b. Skip to and complete Part II Preceptor Attestation.			
<b>OR</b>			
<input checked="" type="checkbox"/> <b>3. Structured Educational Program for Proposed Radiation Safety Officer</b>			
a. Classroom and Laboratory Training			
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Ferris State College, Big Rapids, MI	50	09/83 to 06/84
	Nuclear Med Radiation Physics Course	3	03/04
	Medical Physics Consultants, Inc.	125	01/01 to 09/07
Radiation protection	Ferris State College, Big Rapids, MI	50	09/83 to 06/84
	Nuclear Med Radiation Physics Course	3	03/04
	Medical Physics Consultants, Inc.	100	01/01 to 09/07
Mathematics pertaining to the use and measurement of radioactivity	Ferris State College, Big Rapids, MI	50	09/83 to 06/84
	Nuclear Med Radiation Physics Course	3	03/04
	Medical Physics Consultants, Inc.	100	01/01 to 09/07
Radiation biology	Ferris State College, Big Rapids, MI	30	09/83 to 06/84
	Nuclear Med Radiation Physics Course	2	03/04
	Medical Physics Consultants, Inc.	100	01/01 to 09/07
Radiation dosimetry	Ferris State College, Big Rapids, MI	20	09/83 to 06/84
	Nuclear Med Radiation Physics Course	1	03/04
	Medical Physics Consultants, Inc.	125	01/01 to 09/07
<b>Total Hours of Training:</b>		<b>762</b>	

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**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00
Securing and controlling byproduct material	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00
Using administrative controls to avoid mistakes in administration of byproduct material	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00
Using emergency procedures to control byproduct material	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00
Disposing of byproduct material	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ 35.100, 35.200	National Diagnostics Services, LLC NRC #21-32432-01 Regional Medical Imaging NRC #21-26076-01	09/04 to present  01/00 to 12/00

\* Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

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**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety Experience (continued)**

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

Supervising Individual James M. Botti, M.S.	License/Permit Number listing supervising individual as a Radiation Safety Officer 21-32432-01
This license authorizes the following medical uses:	
<input checked="" type="checkbox"/> 35.100	<input checked="" type="checkbox"/> 35.200
<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.600 (teletherapy)
	<input type="checkbox"/> 35.1000 ( _____ )

**c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.**

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	James M. Botti, M.S.	09/04 to present
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

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**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

<p><b>Supervising Individual</b> <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i></p> <p>James M. Bottl, M.S.</p>	<p>License/Permit Number listing supervising individual</p> <p>21-32432-01</p>
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License/Permit lists supervising individual as:

Radiation Safety Officer     Authorized User     Authorized Nuclear Pharmacist  
 Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

35.100     35.200     35.300     35.400  
 35.500     35.600 (remote afterloader)     35.600 (teletherapy)  
 35.600 (gamma stereotactic radiosurgery)     35.1000 ( \_\_\_\_\_ )

d. Skip to and complete Part II Preceptor Attestation.

OR

**4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete 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:

**1. Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Radiation Safety Officer  
 10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

**2. Structured Educational Program for Proposed Radiation Safety Officers**

I attest that Laura M. Luna has satisfactorily completed a structural educational  
Name of Proposed Radiation Safety Officer  
 program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

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**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

Check one of the following:

**3. Additional Authorization as Radiation Safety Officer**

I attest that \_\_\_\_\_ is an  
Name of Proposed Radiation Safety Officer

Authorized User

Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensee's license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

**AND**

**Second Section**

Complete for all (check all that apply):

I attest that Laura M. Luna has training in the radiation safety, regulatory issues, and  
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

35.100

35.200

35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

35.300 parenteral administration of any beta-emitter, or a 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

35.400

35.500

35.600 remote afterloader units

35.600 teletherapy units

35.600 gamma stereotactic radiosurgery units

35.1000 emerging technologies, including:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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AND

Third Section  
Complete for ALL

I attest that Laura M. Luna has achieved a level of radiation safety knowledge  
Name of Proposed Radiation Safety Officer  
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section  
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for National Diagnostics Services, LLC  
Name of Facility

License/Permit Number: NRC License 21-32432-01

Name of Preceptor <u>Jim Botti</u>	Signature <u>[Handwritten Signature]</u>	Telephone Number <u>810-599-8917</u>	Date <u>7-10-08</u>
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