

CENTRAL VERMONT MEDICAL CENTER

Member of  DARTMOUTH-HITCHCOCK ALLIANCE

NMSB1

Central Vermont Hospital
Diagnostic Imaging Department
P.O. Box 547
Barre, Vermont 05641
February 25, 2008

License # 44-13353-01

United States Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

Dear Madam or Sir:

03003292

This letter is to verify that Joseph Pekala, MD has successfully achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 35.100 and 35.200. A copy of Dr. Pekala's board certification along with preceptor training documentation from Dr. Alan Siegel from Dartmouth Hitchcock Medical Center has been enclosed.

At this time we would like to add Joseph Pekala, MD to License # 44-13353-01.

Please remove Royal Bartrum, MD (deceased) from License # 44-13353-01.

Respectfully,



Dixie Mercier
Clinical Manager
Diagnostic Imaging
Central Vermont Medical Center

2008 FEB 29 PM 12:14

RECEIVED
REGION 1

142071

NMSS/RGN1 MATERIALS-002

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

Joseph Stanley Pekala, 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 ninth day of June, 2004

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the speciality of

Diagnostic Radiology



Certificate No. 49777

William H. ...
President

Philip O. Addison MD
Secretary-Treasurer

R.R. Hatten MD
Executive Director



Valid through 2014

6/19/04
ED

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Joseph Pekala, MD

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	DHMC Lebanon NH	100	
Radiation Protection		30	
Mathematics Pertaining to the Use and Measurement of Radioactivity		20	
Radiation Biology		20	
Chemistry of Byproduct Material for Medical Use		32	
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
ordering, receiving + unpacking radioactive materials.	Alan Siegel	DHMC 130R	2000-4
Using administrative controls to prevent a medical event.	Alan Siegel	DHMC 130R	2000-4
Administering doses of radioactive drugs to patients.	Alan Siegel	DHMC 130R	2000-4
eluting generators, testing radionuclide purity, processing kits	Alan Siegel	DHMC 130R	2000-4

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc-99m	Diagnostic	1283	Alan Siegel	DHMC 130R	2000-4.
I-131	Diagnostic	25	Alan Siegel	DHMC 130R	2000-4.
I-123	Diagnostic	10	Alan Siegel	DHMC 130R	2000-4
I-131	Therapy	23 (233mCi) 4 (733mCi)	Alan Siegel	DHMC 130R	2000-4
In-111	tumor, WBC	31	Alan Siegel	DHMC 130R	2000-4.
F-18	PET	156	Alan Siegel	DHMC 130R	2000-4
Mo-99	generator	10	Alan Siegel	DHMC 130R	2000-4.

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
Diagnostic Radiology	DHMC Lebanon NH	2000-4.	ALGME.

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- N/A of _____ the RSO for License No. _____.

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
- N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
- N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____.

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

Alan Siegel

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 190, 290, 390, 392

for medical uses in Part 35, Section(s) 190, 290, 390, 392

D. Address Dept of Radiology

DHMC
1 Medical Center Dr.
Lebanon NH 03756

E. Materials License Number

130-K

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 190, 290, 390, 392 as documented in section(s) 10 of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

has achieved a level of competency sufficient to function independently as an authorized _____ for 35.100, 200, 300 uses (or units); **or**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**

I meet the requirements of 100, 200, 300 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): _____

A. Address DHMC
1 Medical Center Dr.
Lebanon, NH 03756.

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

Alan Siegel

D. SIGNATURE -- PRECEPTOR

Alan Siegel

E. DATE

2/5/08

Joe Pekala

Procedure	9/00	*0.5	12/00	*0.5	12/01	*0.5	9/01	3/03	*0.5	9/03	*0.5	4/04	Total
Adrenal (mIBG)	1	1	0	0	0	0	0	0	0	0	0	3	4
Bone	74	37	57	29	57	29	89	93	47	93	47	81	357
Bone marrow	0	0	2	1	2	1	0	2	1	1	1	1	5
Brain (flow; death)	4	2	3	2	3	2	5	15	8	16	8	21	47
Cist/IP/shunt	1	1	0	0	0	0	2	0	0	2	1	0	4
Gallium	9	5	4	2	4	2	6	0	0	2	1	2	18
Gastric empty/milk	3	2	9	5	9	5	7	7	4	7	4	11	36
GI bleed	1	1	2	1	2	1	3	6	3	3	2	0	10
Hemangioma	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatobiliary	8	4	3	2	3	2	6	3	2	9	5	4	23
Liver spleen	0	0	0	0	0	0	0	1	1	0	0	1	2
Lymphoscintigraphy	8	4	10	5	10	5	17	18	9	22	11	13	64
Meckel's	0	0	0	0	0	0	1	0	0	0	0	0	1
MoAb	1	1	1	1	1	1	1	3	2	0	0	1	5
MUGA	7	4	5	3	5	3	7	18	9	10	5	10	40
Myocardial perfusion	128	64	122	61	122	61	100	123	62	139	70	162	579
Octreoscan	2	1	5	3	5	3	3	1	1	3	2	0	11
Parathyroid scan	3	2	2	1	2	1	2	2	1	8	4	3	14
PET								87	44	88	44	68	156
Quant lung	3	2	1	1	1	1	4	1	1	1	1	2	10
Renal, testis & GFR	19	10	23	12	23	12	18	16	8	4	2	13	74
Scintimammography	0	0	0	0	0	0	0	0	0	0	0	0	0
Thyroid & WB scan	12	6	12	6	12	6	13	9	5	14	7	9	52
Thyroid Rx	4	2	8	4	8	4	2	2	1	3	2	8	23
Thyroid uptake	6	3	7	4	7	4	5	5	3	11	6	7	30
VCUG	1	1	0	0	0	0	0	1	1	0	0	0	1
VQ	5	3	8	4	8	4	4	3	2	4	2	6	24
WBC	2	1	3	2	3	2	3	1	1	2	1	3	12
		151		144		144	298		209		221	429	1595

Tc-99m 1283
 I-131 Dx 25
 I-123 Dx 10
 I-131 Rx 23, 4
 In-111 31

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

2/25/2008, and to inform you that the initial processing which includes an administrative review has been performed.

forwarded. 44-13353-01 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** 142071.
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 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader