

Lewis-Gale Physicians

HCA Virginia

April 14, 2008

MS16
J-6

Dennis Lawyer
U.S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, PA 19406

03029528

Reference: Amendment Control # 141661
Radioactive Materials License No. 45-24869-01

Dear Mr. Lawyer,

Attached (by fax) you will find form 313A and credentialing information to add Oydie Igbokidi, M.D. to Radioactive Materials License No. 45-24869-01 as an Authorized User. We would like to delay our request to add Stephan J. Vivian, M.D. at this time.

Please remove the following Authorized Users from our Materials License No. 45-24869-01 as they are no longer employed by this facility: Jacek S. Slowikowski, M.D., Christopher Edward Cannon, M.D., and Nabil F. Jarmukli, M.D.

Should we need additional information please contact me at 540-772-3567.
Thank you for your patience in this matter.

Sincerely,



Linda M. Clague, Technical Director
Nuclear Cardiac Imaging

Attachments

Bonsack Clearbrook Lee-Hi New River Valley Salem Valley View

141661

NRC FORM 313A (AUD) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008																	
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]																			
Name of Proposed Authorized User Oyidie Igbokidi, M.D.		State or Territory Where Licensed Commonwealth of Virginia																	
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 _____)																			
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.																			
<input checked="" type="checkbox"/> 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.																			
<input type="checkbox"/> 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.)																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Description of Experience</th> <th style="width:30%;">Location of Experience/License or Permit Number of Facility</th> <th style="width:10%;">Clock Hours</th> <th style="width:20%;">Dates of Experience*</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top;"> 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 </td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;"> Total Hours of Experience: </td> </tr> <tr> <td style="width:50%;">Supervising Individual</td> <td colspan="3" style="width:50%;">License/Permit Number listing supervising individual as an authorized user</td> </tr> </table>			Total Hours of Experience:				Supervising Individual	License/Permit Number listing supervising individual as an authorized user		
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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).																			
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)																			

NRC FORM 313A (AUD)
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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			
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.)**

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	

NRC FORM 313A (AUD) **U.S. NUCLEAR REGULATORY COMMISSION**
 (10-2007) **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 Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
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	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual _____ License/Permit Number listing supervising individual as an authorized user _____

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)
(10-2007)

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)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

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 Oyidie Igboke 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 Oyidie Igboke 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 <u>David Buswell</u>	Signature 	Telephone Number <u>319 538 0581</u>	Date <u>4/9/08</u>
License/Permit Number/Facility Name <u>VHA Permit Number 14-00822-01 VA Medical Center</u>			



IOWA CITY DEPARTMENT OF VETERANS AFFAIRS (VA) MEDICAL CENTER
Medical Center

601 Highway 6 West, Iowa City, IA 52246-2208

Community-Based Outpatient Clinics

2979 Victoria Street, Bettendorf, IA 52722-2784

200 Mercy Drive, Suite 106, Dubuque, IA 52201-7343

387 E. Grove Street, Galesburg, IL 61401-3728

721 Broadway, Quincy, IL 62301-2708

1015 S. Hackett, Waterloo, IA 50701-3500

Coralville Clinic: 520 10th Avenue, Suite 200, Coralville, IA 52241-1923

February 11, 2008

In Reply Refer To: 636A8/115

Certification Board of Nuclear Cardiology
19562 Club House Road
Montgomery Village, MD 20886-3002

Dear Sir or Madam:

Dr. Oyidie Igbokidi has completed a training program in nuclear cardiology that meets the requirements for Level 2 training as outlined in the ACC/ASNC COCATS guidelines (revised 2006).

Dr. Oyidie Igbokidi is competent to independently function as an authorized user under NRC 10 CFR 35.290 users.

Sincerely,

DAVID BUSHNELL, M.D.
Chief, Diagnostic Imaging Service
Department of Veterans Affairs
Medical Center
Iowa City, IA 52246

Professor Radiology
University of Iowa Hospitals and Clinics

Agreement State License Number: 14-00822-01
Expiration Date: September 30, 2009

Certificate of Completion
Authorized User Classroom and Laboratory
Training Program

Oyidie Igbokidi, M.D.

has successfully completed 80 hours of classroom and laboratory training that included:

Radiation physics and instrumentation;

Radiation protection;

Mathematics pertaining to the use and measurement of radioactivity;

Chemistry of byproduct material for medical use;

Radiation biology; Generator elution and

Review of regulations regarding the medical use of radioisotopes.

Corscan

The Nuclear Imaging Company
www.corscanplus.com

Steven W. Walter, MD

June 14, 2006

Steven W. Walter, MD
Program Director
General Manager and CEO
Corscan
910 528 6251
Authorized User and RSO NRC No. 47-25351-01

Date

THE
AMERICAN BOARD OF INTERNAL MEDICINE
INCORPORATED 1936
ATTESTS THAT

Oyidie Ighokidi

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY
CERTIFIED FOR THE PERIOD 2007 THROUGH 2017
AS A DIPLOMATE IN
CARDIOVASCULAR DISEASE



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SECRETARY-TREASURER
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Jonathan

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John A. ...
Neil A. Williams

NUMBER 212748

2007

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Ogidie Igbokidi

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY

CERTIFIED FOR THE PERIOD 2002 THROUGH 2012

AS A DIPLOMATE IN

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Wesley Sherwood

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Beverly Woo

Kenneth K ...

540 789 2251

MEDICAL STAFF

04/05/2008 THU 9:13 FAX 540 725 5067 LG PHYSICIANS

04/05/2008 WED 22:45 FAX

09:28:27 a.m.

04-14-2008

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