



Radiology Services

Br.2

13870 Park Center Road
Herndon, Va. 20171
Telephone: (703) 796-1188
Cell Phone: (703) 727-2108

Facsimile: (703) 796-2277

August 14, 2008

03037208
45-31125-02MD

Elizabeth Ullrich
Senior Health Physicist
Commercial and R&D Branch
Division of Nuclear Materials Safety
Mail Control No. 138305
United States Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

RE: Amend license #45-31125-01

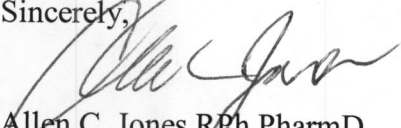
2008 AUG 28 AM 10:05
RECEIVED
REGION 1

Dear Ms. Ullrich:

1. I would like to amend our license under "CONDITIONS" section 11 B to add the following name as an authorized user: Vu Nguyen, I have enclosed documents of training under an approved Authorized User program through The Medical University of South Carolina College of Pharmacy. Vu Nguyen's license number with the Virginia Board of Pharmacy is as follows: 0202208594.

If you have additional questions regarding these matters, please contact me at (703) 796-1188 or Cell (703) 727-2108.

Sincerely,


Allen C. Jones RPh PharmD

142744
NMSS/RGNI MATER. ALS-002

Medical University of South Carolina

College of Pharmacy

Charleston, South Carolina

This is to certify that

Vu H. Nguyen

has completed and met the requirements of the

Nuclear Pharmacy Track

as set forth and administered by the faculty in the

Department of Pharmacy and Clinical Sciences

Given this fifteenth day of May, in the year two thousand and eight

Mary Stewart Murspley
Director, Advanced Clinical Track



Arnold W. King
Dean, College of Pharmacy

Jana Boss
Chair, Department of Pharmacy
and Clinical Sciences

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND
EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.55]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized Nuclear Pharmacist
Vu H. Nguyen

State or Territory Where Licensed
Virginia

**PART I -- TRAINING AND EXPERIENCE
(Select one of the two 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 nuclear pharmacy uses.

1. Board Certification

- a. Provide a copy of the board certification.
- b. Skip to and complete Part II Preceptor Attestation.

2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist

- a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	MUSC Nuclear Pharmacy Practice Semester 1	14	8/23/05-12/17/05
	MUSC Nuclear Pharmacy Practice Semester 4	21	1/9/07- 5/9/07
	MUSC Nuclear Special Project	9	7/1/07-12/30/07
Radiation protection	MUSC Nuclear Pharmacy Practice Semester 1	12	8/23/05-12/17/05
	MUSC Nuclear Pharmacy Practice Semester 4	15	1/9/07- 5/9/07
	MUSC Nuclear Special Project	7	7/1/07-12/30/07
Mathematics pertaining to the use and measurement of radioactivity	MUSC Nuclear Pharmacy Practice Semester 2	8	1/4/06 - 5/4/06
	MUSC Nuclear Pharmacy Practice Semester 4	6	1/9/07 - 5/9/07
Chemistry of byproduct material for medical use	MUSC Nuclear Pharmacy Practice Semester 2	30	1/4/06 - 5/4/06
	MUSC Nuclear Pharmacy Practice Semester 3	38	8/22/06-12/16/06
	MUSC Nuclear Special Project	13	7/1/07-12/30/07
Radiation biology	MUSC Nuclear Pharmacy Practice Semester 1	12	8/23/05-12/17/05
	MUSC Nuclear Pharmacy Practice Semester 4	15	1/9/07- 5/9/07

Total Hours of Training: 200



**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION (continued)**

2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist (continued)

b. Supervised Practical Experience in a Nuclear Pharmacy.

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Shipping, receiving, and performing related radiation surveys	Cardinal Health	38	7/1/07-7/31/07
	MUSC Nuclear Pharmacy	24	9/1/07-9/30/07
	Palmetto PET Services	41	4/1/08-4/30/08
	Low Country Diagnostics	73	4/16/06-12/31/07
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides	Cardinal Health	36	7/1/07-7/31/07
	MUSC Nuclear Pharmacy	20	9/1/07-9/30/07
	Palmetto PET Services	44	4/1/08-4/30/08
	Low Country Diagnostics	52	4/16/06-12/31/07
Calculating, assaying, and safely preparing dosages for patients or human research subjects	Cardinal Health	36	7/1/07-7/31/07
	MUSC Nuclear Pharmacy	35	9/1/07-9/30/07
	Palmetto PET Services	12	4/1/08-4/30/08
	Low Country Diagnostics	231	4/16/06-12/31/07
Using administrative controls to avoid medical events in administration of byproduct material	Cardinal Health	28	7/1/07-7/31/07
	MUSC Nuclear Pharmacy	38	9/1/07-9/30/07
	Palmetto PET Services	45	4/1/08-4/30/08
	Low Country Diagnostics	82	4/16/06-12/31/07
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Cardinal Health	38	7/1/07-7/31/07
	MUSC Nuclear Pharmacy	27	9/1/07-9/30/07
	Palmetto PET Services	34	4/1/08-4/30/08
	Low Country Diagnostics	48	4/16/06-12/31/07

Total Hours of Experience: 982

Supervising Individual

Mary Stewart Murphey

c. Go to and complete Part II Preceptor Attestation.

**AUTHORIZED NUCLEAR PHARMACIST 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.

First Section

Check one of the following:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Nuclear Pharmacist
10 CFR 35.55(a)(1), (a)(2), and (a)(3) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

OR

Structured Educational Program

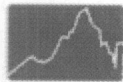
I attest that Vu Nguyen has satisfactorily completed a 700-hour structured
Name of Proposed Authorized Nuclear Pharmacist
educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 10 CFR 35.55(b)(1) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

Second Section

Complete the following for preceptor attestation and signature:

I am an Authorized Nuclear Pharmacist for Triad Isotopes, Inc dba Low Country Diagnostics
Nuclear Pharmacy or Medical Facility
5834
License/Permit Number

Name of Preceptor	Signature	Telephone Number	Date
<u>Mary Stewart Murphy</u>	<u>Mary Stewart Murphy</u>	<u>843-556-1113</u>	<u>7/20/08</u>

**VIRGINIA Department of Health Professions****Public Information System**

([Download licensee information](#) | [DHP Home Page](#))

Last updated on 08/13/2008

License Information

License Number	0202208594
Occupation	Pharmacist
Name	VU H NGUYEN
Address of Record	Arlington, VA 22203
Initial License	08/12/2008
Expire Date	12/31/2008
License Status	Current Active
Additional Public Information*	No

This serves as primary source verification of the credential issued by the Commonwealth of Virginia.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.F of the Code of Virginia. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

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

8/14/08, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (45-31125-02MD)
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** 142744.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.