

HACKETTSTOWN REGIONAL MEDICAL CENTER
DIVISION OF NUCLEAR MEDICINE
561 WILLOW GROVE STREET
HACKETTSTOWN, NJ 07840
(908) 850-6842

2008 OCT 31 PM 12: 26

RECEIVED
REGION 1

Nuclear Materials Safety Branch
United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

Sr. 1

03011347

Re: Additional information for Notification : Radioactive Materials License #29-16585-01
Control Number : 142173

October 24, 2008

Dear Sirs:

This is notification that the following physician will be permitted to use radioactive materials as specified under our materials license # 29-16585-01:

A. Any Byproduct Material included in 10 CFR 35.100 and 35.200, as specified in our license:

1. John A. Werring, M.D.

Per 35.290 and 35.290, please find enclosed for the above physician his Curriculum Vitae and Certificate from the American Board of Radiology in Diagnostic Radiology and preceptorship form Signed by authorized user Michael Mantinaos, M.D. (NRC license # 29-16585-01)

Thank you in advance for your assistance. Please call our Physics Consultant, Elaine Rovazzi, M.S., DABR @ 973-322-5118 if you need additional information.

Sincerely,



Gene Milton
President and C.E.O.

Enc: ABR Board certificate for John A. Werring
Curriculum vitae
Preceptorship form

(Ref. 142173)

142965
NRCSS/RGNI MATER. ALS-002

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 _____ 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 John A. Werring 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 <u>Michael Mantinaos MD</u>	Signature <u>[Signature]</u>	Telephone Number <u>908 879 8762</u>	Date <u>10-27-08</u>
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License/Permit Number/Facility Name
Hackettstown Regional Medical Center, 29-16585-01

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

10/24/08, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (29-16585-01) 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** 142965.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.