



FACSIMILE COVER SHEET

TO: Jim Mullaver

FAX NUMBER: 630-829-9873

FROM: Darren @ COVIDIEN

DATE: 12/19/08

SUBJECT: \_\_\_\_\_

TOTAL PAGES: 4

MESSAGE: \_\_\_\_\_  
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NRC FORM 313A (ANP) <small>(10-2006)</small>	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
<b>AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> <b>[10 CFR 35.55]</b>		

Name of Proposed Authorized Nuclear Pharmacist Marlyne Pineda	State or Territory Where Licensed Michigan
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**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	Purdue University	85	12/2002
Radiation protection	Purdue University	51	12/2002
Mathematics pertaining to the use and measurement of radioactivity	Purdue University	24	12/2002
Chemistry of byproduct material for medical use	Purdue University	36	12/2002
Radiation biology	Purdue University	27	12/2002

**Total Hours of Training: 223**

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**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	Covidien Mallinckrodt Radiopharmacy, Elk Grove Village, Illinois / License # IL-01117-01	63	10/2002-1/2003
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	Covidien Mallinckrodt Radiopharmacy, Elk Grove Village, Illinois / License # IL-01117-01	32	10/2002-1/2003
Calculating, assaying, and safely preparing dosages for patients or human research subjects	Covidien Mallinckrodt Radiopharmacy, Elk Grove Village, Illinois / License # IL-01117-01	325	10/2002-1/2003
Using administrative controls to avoid medical events in administration of byproduct material	Covidien Mallinckrodt Radiopharmacy, Elk Grove Village, Illinois / License # IL-01117-01	52	10/2002-1/2003
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Covidien Mallinckrodt Radiopharmacy, Elk Grove Village, Illinois / License # IL-01117-01	52	10/2002-1/2003

**Total Hours of Experience: 524**

Supervising Individual  
Darren Prusha, PharmD.

c. Go to and complete Part II Preceptor Attestation.

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**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 Marlyne Pineda has satisfactorily completed a 700-hour structured  
Name of Proposed Authorized Nuclear Pharmacist

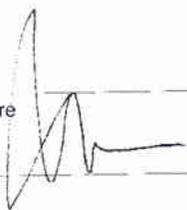
educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 10 CFR 35.55(b)(1) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

**Second Section**

Complete the following for preceptor attestation and signature:

I am an Authorized Nuclear Pharmacist for Covidien Mallinckrodt Radiopharmacy  
Nuclear Pharmacy or Medical Facility

IL-01117-01  
License/Permit Number

Name of Preceptor	Signature	Telephone Number	Date
Darren Prusha, PharmD.		847-593-5206	12/19/08