



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT CAMPBELL, KENTUCKY 42223-5349

February 13, 2009

Office of the Commander

K-3

US Nuclear Regulatory Commission Region 1  
Nuclear Materials Safety, Medical Branch  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

Dear Sir or Madam:

The below information is in reference to the NRC Mail Control#: 143049, Nuclear Regulatory Commission (NRC) Materials License.16-30845-01, Docket No. 030-36430 at Blanchfield Army Community Hospital, Fort Campbell, Kentucky.

This addendum will specify our requested radiopharmaceutical Possession Activity Limit for in-vitro procedures, identify the scope of work for our Authorized Users, and submit the proper Preceptor form for Dr. Barrett. We request our use limit to be 1mCi of I-125 for in-vitro studies. We request Dr. Bass and Dr. Barrett to be Authorized Users for studies under 10 CFR 35.100 and 35,200, Please see enclosure for the preceptor form for Dr. Barrett.

Please direct any questions to I.T Jose Rodriguez at (270) 412-3983.

Sincerely,

Richard W. Thomas  
Colonel, U.S. Army  
Commanding

Enclosure

143049

NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION <b>MEDICAL USE TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b>	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
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**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 36.50)**

Terrence J Barratt, Radiologist - Authorized User

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

Indiana

**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 II o through 11d.

Stop here after completing item 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 8c (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 (or Medical Physicists))**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	SAUSHEC Physics Review Course	16	Sep 04 - Oct 05 Aug 05
	San Antonio Physics Review Course	7	
Radiation Protection	SAUSHEC Physics Review Course	2	Sep 04 - Oct 05 Aug 05
	San Antonio Physics Review Course	7	
Mathematics Pertaining to the Use and Measurement of Radioactivity	SAUSHEC Physics Review Course		Sep 04 - Oct 05 Aug 05
	San Antonio Physics Review Course		
Radiation Biology	SAUSHEC Physics Review Course	2	Sep 04 - Oct 05 Aug 05
	San Antonio Physics Review Course	7	
Chemistry of Byproduct Material for Medical Use	SAUSHEC Physics Review Course		Sep 04 - Oct 05 Aug 05
	San Antonio Physics Review Course		
OTHER	Nuclear Medicine Lab Training	110	Jul 04 - Jun 06 Jan 08 - May 08
	Nuclear Medicine Board Review	30	

**NRC FORM 312A** **U.S. NUCLEAR REGULATORY COMMISSION**  
**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)

**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 of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

**N/A**

**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 \_\_\_\_\_ 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) \_\_\_\_\_ under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

**N/A**

NRC FORM 311A (10-2005)		U.S. NUCLEAR REGULATORY COMMISSION			
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		
Nuclear Medicine Rotations	Dr. Won Song, MD Nuclear Medicine Service	Brooks Army Medical Center 14-01369-01	400 hours		
Nuclear Medicine Rotations	Dr. Daniel Duffy, MD Nuclear Medicine	Wilford Hall Medical Center TX-02682-03AFP	120 hours		
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
I-131	Thyroid Treatment	1	Won S. Song, M.D.	BAMC: see above	01 Jan 06
I-131	Thyroid Treatment	1	Won S. Song, M.D.	BAMC: see above	21 Nov 06
I-131	Thyroid Treatment	1	Won S. Song, M.D.	BAMC: see above	05 Jan 07
I-131	Thyroid Treatment	1	Won S. Song, M.D.	BAMC: see above	10 Aug 07

<b>MRC FORM 313A</b> <small>(10-2008)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	
<b>MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)</b>			
<b>10. SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS</b>			
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):			
<b>A. Name of Supervisor</b> <u>Won S. Song, M.D.</u>	<b>B. Supervisor is:</b> <input type="checkbox"/> Authorized User <input checked="" type="checkbox"/> Authorized Medical Physicist <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized Nuclear Pharmacist		
<b>C. Supervisor meets requirements of Part 35, Section(s) 190, 290, 390, 392, 394, 396</b> for medical uses in Part 35, Section(s) <u>100, 200, 300</u>			
<b>D. Address</b> 3851 Roger Brooke Drive Fort Sam Houston, TX 78234	<b>E. Materials License Number</b> <div style="text-align: right;"><u>42-01368-01</u></div>		
<b>PART II - PRECEPTOR ATTESTATION</b>			
<i>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>			
<b>I attest the individual named in Item 1;</b>			
<b>11a.</b> <input checked="" type="checkbox"/> has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) <u>190, 290, 390, 392</u> as documented in section(s) <u>5 &amp; 6</u> of this form. <span style="float: right;"><u>394, 396</u></span>			
<b>11b. Select one</b> <input type="checkbox"/> meets the requirements in <input type="checkbox"/> 35.50(a) <input type="checkbox"/> 35.51(c) <input type="checkbox"/> 35.390(b)(1)(ii)(G) <input type="checkbox"/> 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.			
<b>11c</b> <input type="checkbox"/> has achieved a level of competency sufficient to independently operate a nuclear pharmacy (per 35.980); <b>OR</b> <input type="checkbox"/> has achieved a level of competency sufficient to function independently as an authorized _____ for _____ uses (or units); <b>OR</b> <input type="checkbox"/> has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; <b>OR</b> <input checked="" type="checkbox"/> N/A			
<b>11d.</b> <input type="checkbox"/> I am an Authorized Nuclear Pharmacist; <b>OR</b> <input type="checkbox"/> I am a Radiation Safety Officer; <b>OR</b> <input checked="" type="checkbox"/> I meet the requirements of <u>190, 290, 390, 392, 394, 396</u> section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor <input type="checkbox"/> AU or <input type="checkbox"/> AMP for the following byproduct material uses (or units): <u>35.100, 35.200, 35.300</u>			
<b>A. Address</b> 3851 Roger Brooke Drive Fort Sam Houston, TX 78234		<b>B. Materials License Number</b> <div style="text-align: right;"><u>42-01368-01</u></div>	
<b>C. NAME OF PRECEPTOR (print clearly)</b> Won S. Song, M.D.	<b>D. SIGNATURE OF PRECEPTOR</b> 	<b>E. DATE</b> <div style="text-align: right;"><u>11/06/2008</u></div>	

Form B

I-131 Therapy Experience

Terruce J Barrett  
Resident Name

SAUSHEC 45-04-11-7  
Program & Number

Date      Dose Administered      Preceptor (AI) Print & Sign Name

- |    |                  |                  |                                 |
|----|------------------|------------------|---------------------------------|
| 1. | <u>1 Jan 06</u>  | <u>15.0 mCi</u>  | <u>WON SONG</u><br>Print Name   |
|    |                  |                  | <u>[Signature]</u><br>Sign Name |
| 2. | <u>21 Nov 06</u> | <u>12.34 mCi</u> | <u>WON SONG</u><br>Print Name   |
|    |                  |                  | <u>[Signature]</u><br>Sign Name |
| 3. | <u>5 Jan 07</u>  | <u>4.1 mCi</u>   | <u>WON SONG</u><br>Print Name   |
|    |                  |                  | <u>[Signature]</u><br>Sign Name |
| 4. | <u>10 Aug 07</u> | <u>3.6 mCi</u>   | <u>WON SONG</u><br>Print Name   |
|    |                  |                  | <u>[Signature]</u><br>Sign Name |