Children's Mercy
HOSPITALS & CLINICS
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August 12, 2009

U.S. Nuclear Regulatory Commission Region III
Materials Licensing Branch
2443 Warrenville Road
Lisle, IL 60532-4352

To Whom It May Concern:

We would like to amend our NRC license (# 24-15513-01 Children's Mercy Hospital) to include the following changes:

1. We would like to add 35.300 level authorization for Dr. Jeremy Fullingim, D.O.. He was previously added to our license for the 100 and 200 levels, but we missed getting his 300 level put on the license. All of the supporting documents are included with this letter.

We request this change be completed at this time. Should you have any additional questions or need additional information, please contact our Health Physicist, Marcia West at 816-807-8090 or fax number 816-974-1443.

Sincerely,

Nanci A. Burchell
Radiation Safety Officer

RECEIVED AUG 2 4 2009

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NRC FORM 313A (AUT)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User	State or Territory Where Licensed
Jeremy Fullingim, D.O.	Oklahoma, Missouri

Requested Authorization(s) *(check all that apply)*:

- [X] 35.300 Use of unsealed byproduct material for which a written directive is required

OR

- [ ] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [ ] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [ ] 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- [ ] 35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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.

[X] **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

[ ] **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

[ ] 35.390 [ ] 35.392 [ ] 35.394 [ ] 35.490 [ ] 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Oklahoma State University Medical Center Tulsa, OK	85	7/2004 - 6/2008
Radiation protection	Oklahoma State University Medical center	55	7/2004 - 6/2008
Mathematics pertaining to the use and measurement of radioactivity	Oklahoma State University Medical center Tulsa, OK	55	7/2004 - 6/2008
Chemistry of byproduct material for medical use	Oklahoma State University Medical center Tulsa, OK	30	7/2004 - 6/2008
Radiation biology	Oklahoma State University Medical center Tulsa, OK	50	7/2004 - 6/2008
Total Hours of Training:			

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	OSU Medical Center Tulsa, OK DEQ OK 05860-01	☒ Yes ☐ No	7/2004 - 6/2008
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	OSU Medical Center Tulsa, OK DEQ OK 05860-01	☒ Yes ☐ No	7/2004 - 6/2008
Calculating, measuring, and safely preparing patient or human research subject dosages	OSU Medical Center Tulsa, OK DEQ OK 05860-01	☒ Yes ☐ No	7/2004 - 6/2008
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	OSU Medical Center Tulsa, OK DEQ OK 05860-01	☒ Yes ☐ No	7/2004 - 6/2008
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	OSU Medical Center Tulsa, OK DEQ OK 05860-01	☒ Yes ☐ No	7/2004 - 6/2008

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Dean Fullingim, D.O	DEQ OK 05860-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

- [X] 35.390
- [X] 35.392
- [X] 35.394
- [X] 35.396

With experience administering dosages of:

- [X] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [X] Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [X] Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- [X] Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience
If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	10	OSU Medical Center Tulsa, OK DEQ OK 05860-01	7/2004 - 6/2008
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	OSU Medical Center Tulsa, OK DEQ OK 05860-01	7/2004 - 6/2008
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	3	OSU Medical Center Tulsa, OK DEQ OK 05860-01	7/2004 - 6/2008
Parenteral administration of any other radionuclide for which a written directive is required Zevulin (List radionuclides)	1	OSU Medical Center Tulsa, OK DEQ OK 05860-01	7/2004 - 6/2008

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Dean Fullingim, D.O.	DEQ OK 05860-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

[X] 35.390 [X] 35.392 [X] 35.394 [X] 35.396	With experience administering dosages of: [X] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) [X] Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) [X] Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required [X] Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

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 requested authorization:

For 35.390:

Board Certification

[X] I attest that Jeremy Fullingim (Name of Proposed Authorized User) has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

Training and Experience

[ ] I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

[X] I attest that Jeremy Fullingim (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

[X] I attest that Jeremy Fullingim (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

[X] I attest that Jeremy Fullingim (Name of Proposed Authorized User) has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below:

- [X] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [X] Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [X] Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- [X] Parenteral administration of any other radionuclide requiring a written directive

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Third Section

[X] I attest that Jeremy Fullingim (Name of Proposed Authorized User) has satisfactorily achieved a level of competency to function independently as an authorized user for:

- [X] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [X] Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [X] Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- [X] Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☒ I attest that Jeremy Fullingim has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☒ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☒ Parenteral adminstration of any other radionuclide for which a written directive is required

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Fifth Section
Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☒ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
Dean Fullingim, D.O. FAOCR	Dean Fullingim	918-599-5031	8-3-09

License/Permit Number/Facility Name
OSU Medical Center Tulsa, OK DSQ OK 05860-01

Nuclear Medincine Therapy Logs for Jeremy Fullingim, D.O.

I-131 Therapies

Hyperthyroidism

1. 5/4/2006
2. 5/4/2006
3. 11/14/2006
4. 11/15/2006
5. 4/11/2006
6. 4/3/2006
7. 3/30/2006
8. 3/23/2006
9. 2/23/2006
10. 2/14/2006

Carcinoma

1. 12/4/2007
2. 12/11/2007
3. 11/13/2006

Bone Therapies

Quadramet (Samarium-153 Lexidronam)

1. 12/05/2007
2. 12/12/2007
3. 3/23/2006

Lymphoma Therapies

Zevulin (Ibritumomab Tiuxetan)

1. 5/19/06

of the

American Osteopathic Board of Radiology

certifies that

Jeremy Scott Fullingim, D.O.

having met the prescribed qualifications and standards and
passed the required examinations of this Board,
is qualified as a specialist in

Diagnostic Radiology

and is hereby awarded this certificate for the period from
July 15, 2008 - December 31, 2018

American Osteopathic Association

Executive Director

American Osteopathic Board of Radiology

Chair

Secretary

Certificate No. 1144

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