

NRC FORM 313  
(3-2009)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 3/31/2012

### APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS  
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

*Br 1*

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
612 E. LAMAR BOULEVARD, SUITE 400  
ARLINGTON, TX 76011-4125

*03008195*

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 39-14873-01
- C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

2. Department of the Army <sup>to ZIP code</sup>  
Moncrief Army Community Hospital  
ATTN: RPO (CPT James Wilson)  
Fort Jackson, SC 29207

RECEIVED REGION I  
2009 SEP -4 PM 12: 28

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Moncrief Army Community Hospital Bldg 4500

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

CPT James Wilson

TELEPHONE NUMBER

(803) 751-2207

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

- 5. RADIOACTIVE MATERIAL  
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.
- 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.
- 9. FACILITIES AND EQUIPMENT.
- 11. WASTE MANAGEMENT.

- 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.
- 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.
- 10. RADIATION SAFETY PROGRAM.
- 12. LICENSE FEES (See 10 CFR 170 and Section 170.31)  
FEE CATEGORY N/A AMOUNT ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE  
*for* Nancy J. Hughes, Colonel, U.S. Army Hospital Commander

SIGNATURE *Nolan P. Clark*  
NOLAN P. CLARK  
COL, MS  
DOA  
DATE 31 Aug 09

#### FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

*144132*



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
4500 STUART STREET  
FORT JACKSON, SC 29207-5720

August 24, 2009

**Preventive Medicine Service**

**Nuclear Regulatory Commission  
Region 1  
Division of Nuclear Materials Safety  
Attention: Licensing  
475 Allendale Road  
King of Prussia, Pennsylvania 10406-1415**

**Dear Sir or Madam:**

**Request that Nuclear Regulatory Commission License Number 39-14873-01 be amended to add Captain Mark L. Harshany to the license as an authorized user.**

**In August 2009 the Radiation Safety Committee approved Captain Mark L. Harshany as meeting the training and experience requirements for human use in accordance with 10 Code of Federal Regulation 35.190 and 35.290.**

**Enclosed, as required in 10 CFR 35.14, is a copy of Captain Mark L. Harshany's American Board of Radiology Certificate, and a copy of his Preceptor Statement from Dr. Liem T. Mansfield of Brooke Army Medical Center, Residency Program Director dated February 24, 2008.**

**I would also like to make the Commission aware that Colonel Nancy J. Hughes has assumed the role of Commander and licensee from Colonel James A. Mundy effective June 5, 2008.**

**Request that our license application be amended to reflect a procedural change in the training of Nuclear Medical Technicians. Please change the statement in our license application Section 8 paragraph 3 as stated:**

**3. Nuclear Medicine Technologists – Prior to working at this facility all Nuclear medicine Technologists must complete an accredited program in Nuclear Technology. Prior to working unsupervised, the individual will receive a radiation safety briefing from the Health Physics Office, and be supervised by a Nuclear Medicine Technologist for 80 hours of lab time.**

**Section 8 paragraph 3 will now read:**

3. Nuclear Medicine Technologists – Prior to working at this facility all Nuclear medicine Technologists must complete an accredited program in Nuclear Technology. Prior to working unsupervised, the individual will receive a radiation safety briefing from the Health Physics Office, *and be supervised by the Nuclear Medicine Supervisor, IAW Nuclear Medicine SOP, to ensure competency in the specific tasks and procedures performed at this facility.*

This proficiency will be documented on a checklist and kept in the technologist's competency folder. We have found that a set 80 hours does not meet the training needs of individual technologists, as some need more than 80 hours and others less, depending on individual experience. Rather than a time based certification to work unsupervised, we have moved to a performance based certification to ensure the technologist's competency and understanding of institutional procedures and policies.

For further information, please contact CPT James Wilson at (803) 751-2207.

Sincerely,

*for*   
Nancy J. Hughes  
Colonel, U.S. Army  
Commander

NOLAN P. CLARK  
COL, MS  
DCA

Enclosures  
as

# The American Board of Radiology

Organized through the cooperation of the  
*American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*  
Hereby certifies that

**Mark Lawrence Harshang, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this third day of June, 2008*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**



Certificate No. 55911

*N. Reed Gunnels, MD*  
President

*Richard L. Moran*  
Secretary-Treasurer

*Hayden R. ...*  
Executive Director



Valid through 2018

**American Board of Radiology – Program Director Attestation**

**COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS**

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

<u>Mark Harshany, M.D.</u>	<u>RADIOLOGY</u>	<u>45-04-11-2</u>
Resident Name	Program	Program #

- |   | YES                                 | NO                       |
|---|-------------------------------------|--------------------------|
| By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| This applicant has taken part in $\geq 3$ cases of oral administration of I-131 therapy ( $\leq 33mCi$ ).....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**LIEM T. MANSFIELD**  
**LTC, MC**  
**PROGRAM DIRECTOR**  
**RADIOLOGY**  
 Residency Program Director  
 (Print Name)

Liem T. Mansfield  
 Program Director  
 (Signature)

2/24/08  
 Date

Form B

I-131 Therapy Experience

Mark Harshany, M.D.      SAUSHEC 45-04-11-2  
Resident Name                      Program & Number

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print &amp; Sign Name</u>
1. <u>20 FEB 07</u>	<u>12.02 mCi</u>	<u>Daniel H. Duffy</u> Print Name <u>[Signature]</u> Sign Name
2. <u>15 FEB 07</u>	<u>32.3 mCi</u>	<u>Daniel H. Duffy</u> Print Name <u>[Signature]</u> Sign Name
3. <u>16 OCT 07</u>	<u>32.36</u>	<u>Daniel H. Duffy</u> Print Name <u>[Signature]</u> Sign Name
4. _____	_____	_____ Print Name _____ Sign Name

# Procedure Logger Logs

:: new innovations, inc.

:: Radiology-Diagnostic

[Export to PDF](#)

## View Procedure Logs

Below is a listing of all Procedure Logs that you have access to. From this screen, you can carry out tasks regarding Procedure Logs according to the privileges that you have been given. Note that a logged procedure cannot be deleted if it has been confirmed. You can also change the way that information is displayed on this screen by [CUSTOMIZING YOUR VIEW](#)

[Enter A Procedure Log](#) | [Search Procedure Logs](#)

Show All logs.

	Date	Student/Physician	Procedure	Supervisor	Confirm Date
<a href="#">Edit</a> <a href="#">Delete</a>	01/14/2008	Harshany, Mark	Arthrogram, Shoulder (Radiology-Diagnostic)	Campbell, Scot	
<a href="#">Edit</a> <a href="#">Delete</a>	01/14/2008	Harshany, Mark	Arthrogram, Shoulder (Radiology-Diagnostic)	Campbell, Scot	
<a href="#">Edit</a> <a href="#">Delete</a>	12/11/2007	Harshany, Mark	Spine, Lumbar puncture, for myelogram (Radiology-Diagnostic)	Wood, David A	
<a href="#">Edit</a> <a href="#">Delete</a>	12/06/2007	Harshany, Mark	Spine, Lumbar puncture, for myelogram (Radiology-Diagnostic)	Wood, David A	
<a href="#">View</a> <a href="#">Delete</a>	12/05/2007	Harshany, Mark	Spine, Lumbar puncture, for myelogram (Radiology-Diagnostic)	Wood, David A	12/07/2007
<a href="#">View</a> <a href="#">Delete</a>	11/29/2007	Harshany, Mark	Spine, Lumbar puncture, for myelogram (Radiology-Diagnostic)	Rabinowitz, Chad B	12/05/2007
<a href="#">Edit</a> <a href="#">Delete</a>	10/16/2007	Harshany, Mark	Nuclear Medicine, I-131 therapy, under 33 mci (Radiology-Diagnostic)	Duffy, Daniel	
<a href="#">Edit</a> <a href="#">Delete</a>	09/26/2007	Harshany, Mark	Sentinal Node Injection (Radiology-Diagnostic)	Duffy, Daniel	
<a href="#">Edit</a> <a href="#">Delete</a>	08/09/2007	Harshany, Mark	Arthrogram, Wrist (Radiology-Diagnostic)	Mansfield, Liem T.	
<a href="#">Edit</a> <a href="#">Delete</a>	08/06/2007	Harshany, Mark	Arthrogram, Shoulder (Radiology-Diagnostic)	Mansfield, Liem T.	
<a href="#">View</a> <a href="#">Delete</a>	07/23/2007	Harshany, Mark	Biopsy, Lung, Percutaneous (Radiology-Diagnostic)	Torres, Ernesto	12/14/2007
<a href="#">View</a> <a href="#">Delete</a>	07/23/2007	Harshany, Mark	Chest tube for pneumothorax (Radiology-Diagnostic)	Torres, Ernesto	12/14/2007
<a href="#">View</a> <a href="#">Delete</a>	07/20/2007	Harshany, Mark	Biopsy, Lung, Percutaneous (Radiology-Diagnostic)	Torres, Ernesto	12/14/2007
<a href="#">View</a> <a href="#">Delete</a>	07/20/2007	Harshany, Mark	Therapeutic Thoracentesis (w/ Tube) (Radiology-Diagnostic)	Torres, Ernesto	12/14/2007
<a href="#">View</a> <a href="#">Delete</a>	07/18/2007	Harshany, Mark	Biopsy, Lung, Percutaneous (Radiology-Diagnostic)	Torres, Ernesto	07/19/2007
<a href="#">View</a> <a href="#">Delete</a>	07/10/2007	Harshany, Mark	Biopsy, Lung, Percutaneous (Radiology-Diagnostic)	Torres, Ernesto	07/18/2007
<a href="#">Edit</a> <a href="#">Delete</a>	05/31/2007	Harshany, Mark	Sentinal Node Injection (Radiology-Diagnostic)	Graham, Jess	
<a href="#">Edit</a> <a href="#">Delete</a>	05/30/2007	Harshany, Mark	Sentinal Node Injection (Radiology-Diagnostic)	Graham, Jess	
<a href="#">View</a> <a href="#">Delete</a>	02/21/2007	Harshany, Mark	Sentinal Node Injection (Radiology-Diagnostic)	Song, Won	04/30/2007
<a href="#">View</a> <a href="#">Delete</a>	02/20/2007	Harshany, Mark	Nuclear Medicine, I-131 therapy, under 33 mci (Radiology-Diagnostic)	Song, Won	04/30/2007
<a href="#">View</a> <a href="#">Delete</a>	02/15/2007	Harshany, Mark	Nuclear Medicine, I-131 therapy, under 33 mci (Radiology-Diagnostic)	Song, Won	04/30/2007

[Export to Excel](#)

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User <b>CPT Mark L. Harshany</b>	State or Territory Where Licensed <b>South Carolina</b>
---	--

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_ )

**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 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 uses checked above.

- 1. Board Certification**
- a. Provide a copy of the board certification.
  - b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
  - b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
------------------------	--

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290       35.390 + generator experience in 32.290(c)(1)(ii)(G)

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	See Attached Preceptor Statement		
Radiation protection	See Attached		
Mathematics pertaining to the use and measurement of radioactivity	See Attached		
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>	See Attached		
Radiation biology	See Attached		
<b>Total Hours of Training: 700</b>			

b. Supervised Work Experience (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

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	See Attached Preceptor Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	See Attached Preceptor Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	See Attached Preceptor Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	See Attached Preceptor Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	See Attached Preceptor Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects	See Attached Preceptor Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	See Attached Preceptor Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual \_\_\_\_\_ License/Permit Number listing supervising individual as an authorized user \_\_\_\_\_

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190     35.290     35.390     35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

**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 \_\_\_\_\_ 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	Signature	Telephone Number	Date
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License/Permit Number/Facility Name

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

8/31/2008, and to inform you that the initial processing which includes an administrative review has been performed.

MEMO. 39-14873-01  
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** 144132.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)  
(6-96)

Sincerely,  
Licensing Assistance Team Leader