

Torres, RobertoJ

From: James Miller [Jmiller@sabiainc.com]
Sent: Tuesday, September 15, 2009 10:06 PM
To: Torres, RobertoJ
Subject: License No. 11-27727-01
Attachments: NRC-Letter-091509.pdf; E.pouliot Statement of Training.pdf; K. Hollister Statement of Training.pdf; P. Robison Statement of Training.pdf

Dear Mr. Torres:

I have attached a copy of a letter requesting the addition of three individuals as authorized users under the terms of the SABIA radioactive materials license.

Statements of Training and Experience are attached for the three individuals.

Sincerely,

James F. Miller
R.S.O.
SABIA, Inc.



7944 Convoy St.
San Diego, CA 92111
Bus: 858-279-4000
Fax: 858-279-4003
www.sabiainc.com

September 15, 2009

Attn: Mr. Roberto J. Torres
United States Nuclear Regulatory Commission
Nuclear Materials Licensing Branch
612 East Lamar Blvd, Suite 400
Arlington, TX 76011-4125

Reference: Idaho Radioactive Materials License No. 11-27727-01

Dear Mr. Torres:

I In reference to the above Radioactive Materials License, please add Mr. Eddie Pouliot, Mr. Phil Robison, and Mr. Kurtis Hollister as authorized users under provisions of condition 11a and condition 12. Statements of Training and experience are attached for the above referenced individuals.

Thank you for your prompt attention to this matter.

Sincerely,

James F. Miller, R.S.O.

NRC FORM 313A
(MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: MM/DD/YYYY

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

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 regulations. Completion of item 9 is not needed to meet the requirements in 10 CFR Part 35, Subpart J.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Edward Pauliot

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
	Radiation Safety Training	January, 2009

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Sabia Inc.	8	01/12/09
Radiation Protection	Sabia Inc.	8	01/13/09
Mathematics Pertaining to the Use and Measurement of Radioactivity	Sabia Inc.	8	01/14/09
Radiation Biology	Sabia Inc.	8	01/15/09
Chemistry of Byproduct Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Source leak test	Randall Ri David Burroughs	Clavendale, AZ AZ NO. 11-27727-01	03/24/09 No hours 03/25/09
Source leak test	Rick Evans	Mojave, CA NO. 11-27727-01	02/23/09 8 hours
Radiation Survey	Randall Ribera	Gillette, WY NO. 11-27727-01	04/03/09 8 hours
Shipment of sources	Randall Ribera	Gillette, WY NO. 11-27727-01	04/03/09 hours

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

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)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
 N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICISTS -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
 N/A _____ who meets requirements of Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
 N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

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 35, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

Authorized User

Radiation Safety Officer

Authorized Medical Physicists

Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) _____

for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

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 the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) _____

YES 11b. The individual named in Item 1. is competent to independently function as an authorized
 N/A _____ for _____ uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses of byproduct material: _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE

NRC FORM 313A
(MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: MM/DD/YYYY

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

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 regulations. Completion of item 9 is not needed to meet the requirements in 10 CFR Part 35, Subpart J.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Kurtis Hollister

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	San Diego CA	8	01/06/09
Radiation Protection	San Diego CA.	8	01/07/09
Mathematics Pertaining to the Use and Measurement of Radioactivity	San Diego CA	8	01/08/09
Radiation Biology	San Diego CA	8	01/09/09
Chemistry of Byproduct Material for Medical Use	San Diego CA	8	01/12/09
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

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)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
 N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICISTS -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
 N/A _____ who meets requirements of Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
 N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

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 35, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

- Authorized User Authorized Medical Physicists
 Radiation Safety Officer Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) _____

for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

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 the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) _____.

YES 11b. The individual named in Item 1. is competent to independently function as an authorized
 N/A _____ for _____ uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

OR

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses of byproduct material: _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR, (print clearly)

D. SIGNATURE - PRECEPTOR

E. DATE

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

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 regulations. Completion of item 9 is not needed to meet the requirements in 10 CFR Part 35, Subpart J.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Kurtis Hollister

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	San Diego CA	8	01/06/09
Radiation Protection	San Diego CA.	8	01/07/09
Mathematics Pertaining to the Use and Measurement of Radioactivity	San Diego CA	8	01/08/09
Radiation Biology	San Diego CA	8	01/09/09
Chemistry of Byproduct Material for Medical Use	San Diego CA	8	01/12/09
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Source Installation Radiation Survey HAZMAT Shipping	Randall Ribera	Headwaters	8
Leak test	Robbie Bryant	Texas Westmoreland Coal	8
Leak test	Robbie Bryant	Texas Westmoreland Coal	8
Source Replenishment Leak test Radiation Survey	Seniece Fresh	NRG Limestone	10
Source Installation Leak test Radiation Survey	Seniece Fresh	AVS	16

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

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)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
 N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICISTS -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
 N/A _____ who meets requirements of Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
 N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

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 35, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

- Authorized User Authorized Medical Physicists
 Radiation Safety Officer Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) _____

for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

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 the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) _____.

YES 11b. The individual named in Item 1. is competent to independently function as an authorized
 N/A _____ for _____ uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

OR

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses of byproduct material: _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR. (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE

NRC FORM 313A
(MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: MM/DD/YYYY

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

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 regulations. Completion of item 9 is not needed to meet the requirements in 10 CFR Part 35, Subpart J.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

PHILIP J. ROBISON

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	SABIA INC SAN DIEGO CA	20	Feb 8 2009 - Feb 20 2009
Radiation Protection	SABIA INC SAN DIEGO CA	20	FEB 9 2009 - Feb 20 2009
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

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)
Electrical Engineering (BS)	Capital	Sept 2006 - Present	University of Michigan
Electronics Engineering (MS)	Communications	June 2006 - Present	ITT Tech Institute

7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision of _____ of _____ the RSO for License No. _____

N/A

8. MEDICAL PHYSICISTS -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of _____

N/A _____ who meets requirements of Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____

N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS

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 35, provide the following information for each):

A. Name of Supervisor

Tom Miller

B. Supervisor is:

Authorized User

Authorized Medical Physicists

Radiation Safety Officer

Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) _____

for medical uses in Part 35, Section(s) _____

D. Address _____

E. Materials License Number _____

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II – PRECEPTOR STATEMENT

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 the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) _____

YES 11b. The individual named in Item 1, is competent to independently function as an authorized
 N/A _____ for _____ uses

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist.

OR

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses of byproduct material: _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE

NRC FORM 313A
(MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: MM/DD/YYYY

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

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 regulations. Completion of item 9 is not needed to meet the requirements in 10 CFR Part 35, Subpart J.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

PHILIP J. ROBISON

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	SABIA INC SAN DIEGO CA	20	FEB 8 2009 - FEB 20 2009
Radiation Protection	SABIA INC SAN DIEGO CA	20	FEB 9 2009 - FEB 20 2009
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

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)
ELECTRICAL } Capital Engineering (BS)		SEPT 2006 - Present	UNIVERSITY of MICHIGAN
ELECTRONICS } COMMUNICATIONS Engineering (BS)		June 2008 - Present	ITT TECH INSTITUTE

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
 N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICISTS -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
 N/A _____ who meets requirements of Authorized Medical Physicists; and
- YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
 N/A modality(ies) under the supervision of _____ who meets
 requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

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 35, provide the following information for each):

A. Name of Supervisor

Jim Miller

B. Supervisor is:

- Authorized User Authorized Medical Physicists
 Radiation Safety Officer Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) _____
 for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

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 the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) _____

YES 11b. The individual named in Item 1, is competent to independently function as an authorized
 N/A _____ for _____ uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist.

OR

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses of byproduct material: _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE