FACSIMILE COVER SHEET

LIBERTY HOSPITAL, LIBERTY, MO 64068

DIAGNOSTIC IMAGING

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Date: /0/7/2009	Ì
Time: 0945	
Fax Phone Number: 1-630-515-1078	
Send To: Toye Simmons	
Company/Department: NRC	81
Number of Pages (including cover page): 7	
From: Tom Brown	
Company/Department: Liberty Hospital/Diagnostic Imaging	(4) (1)
Telephone Number: 1-8/6-792-7081	
Please call 816-792-7080 if you have any questions about this transmission.	
The FAX number at Diagnostic Imaging, Liberty Hospital, Liberty, Mo is 816-792-7135.	č
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This facsimile contains CONFIDENTIAL INFORMATION, which has also of LEGALLY PRIVILEGED and which is intended only for the use of the individual or entity named above. If the reader of the facsimile is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby on notice that you are in possession of confidential and privileged information. Any dissemination, distribution or copying of this facsimile is strictly prohibited.

U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 313A (AUT) **AUTHORIZED USER TRAINING AND EXPERIENCE** APPROVED BY OMB: NO. \$150-0120 AND PRECEPTOR ATTESTATION EXPIRES: 3/31/2012 (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396] State or Territory Where Licensed Name of Proposed Authorized User John B. Pope, MD Kansan Requested Authorization(s) (check all that apply): 35,300 Use of unscaled byproduct material for which a written directive is required OR Oral administration of sodium lodide I-131 requiring a written directive in quantities less than or equal to 35.300 1.22 gigabeoquerels (33 millicuries) Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 35,300 gigabecquerels (33 millicuries) Parenteral administration of any beta-emitter, or photon-amitting radionuclide with a photon energy less 35,300 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 cartification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience election 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. 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 35,800 Authorized User Seeking Additional Authorization a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply): 36,69D 35,490 35.394 35.392 35,390 b. If currently authorized for a subset of olinical 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 36.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and ignoratory 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.

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

Training and Experience for Pro Classroom and Laboratory Traini		<u>d User</u> 35_392	35.39	4 📋	35,396
Description of Training	Locati	on of Training		Clock Hours	Dates of Treining*
Rediation physics and instrumentation	Alrea	ady Cr	ovideo	1	
Radiation protection		(1		======;×1;;	
Mathematics pertaining to the use and measurement of radioactivity		11			
Chemistry of byproduct material for medical use		11			
Radiation biology		t t			
To	tal Hours of Train	ing;	1000		N
 Supervised Work Experience If more than one supervising indicated this page. Supervised Work Experience 	36.390 Vidual is necessary	Total Ho	ours of	_	35.396 nultiple copies
Description of Experience Must Include:	Logation of Ex	Experience/License umber of Fability		Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys]	Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters				Yes	
Calculating, measuring, and safely preparing patient or human research subject				Yes	
dosages		*	[Yes No	

PAGE 2

<u> Fraining and Experience for Pr</u>	Deziloniua barogo	naer (courinned)	
o. Supervised Work Experience	(continued)		
Supervising Individual		:License/Permit Number listing supervising indi- authorized user	viduel as an
Supervising Individual meets the	requirements below,	or equivalent Agreement State requirements	(oheck all that
35,390 With experience a	dministering dosages	ı of.	
35 394 gigabecquerel	e (33 millicuries)	ective in quantities less than or equal to 1.22	
Parenteral adr	ministration of beta-en an 150 keV requiring	nan 1.22 gigabecquareis (33 millicuries) mitter, or photon-amitting radionuciida with a p a written directive is required ner radionuciida requiring a written directive	ohoton
		aring dosegee in the same dosage category or categories	s as the individual
c, Supervised Clinical Case Exp	erience A	ready Carvided	
multiple coples of this page.	Number of Cases	y to document/supervised work experience, p Location of Experience/License or Permit	Dates of
if more than one supervising multiple copies of this page. Description of Experience		14	Dates of
multiple coples of this page.	Number of Cases Involving Personal	Location of Experience/License or Permit	Dates of
Description of Experience Oral administration of sodium odide i-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels	Number of Cases Involving Personal	Location of Experience/License or Permit	Dates of
multiple copies of this page. Description of Experience Oral administration of sodium odide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabeoquerels (33 milliouries) Oral administration of sodium odide I-131 requiring a written directive in quantities greater than 1.22 gigabeoquerels (33	Number of Cases Involving Personal	Location of Experience/License or Permit	WARRIED TO CO. TO A

IRC FORM 213A (AUY)
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
Supervising Individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:
35.390 With experience administering dosages of:
35.392 Oral Nai-131 requiring a written directive in quantities less than or equal to 1.22
Oral Nai-131 in quantities greater than 1.22 glgsbecquerels (33 millicuries)
25.396 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
Supervising Authorized User must have experience in administring desages in the same desage category or categories as the individual requesting authorized user status.
d. Provide completed Part II Preceptor Attestation.
PART II — PRÉCEPTOR 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 Chack one of the following for each requested authorization:
<u>For 35.390:</u>
Board Cartification
Name of Proposed Authorized User Name of Proposed Authorized User
requirements in 35.390(a)(1).
OR
Training and Experience
l attest that has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User
and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
PAGE

NRC FORM 313A (AUT)	U.S. NUCLEAR REGULATORY COMMISSION
	USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation	(continued)
First Section (conti	nued)
For 35,392 (Identic	at Attestation Statement Regardless of Training and Experience Pathway);
attest that	John B. Pope mohas satisfactorily completed the 80 hours of classroom
and laboratory experience rec	r training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case quired in 35.392(c)(2),
For 35.394 (Identical	al Attestation Statement Regardless of Training and Experience Pathway):
l attest that	has satisfactorily completed the 80 hours of classroom
and laboratory experience rec	training, as required by 10 CFR 35,394 (c)(1), and the supervised work and clinical case quired in 35,394(c)(2).
Second Section	
X I attest that	Tohn B. Pope, MD has satisfactorily completed the required clinical case Name of Proposed Authorized User
experience req	julred in 35.390(b)χ1χ(l)G listed below:
Oral Nai-13 glgsbecque	31 requiring a written directive in quantities less than or equal to 1.22 trais (33 milliouries)
Oral Nai-13	ง 1 in quantities greater than 1.22 gigabacquereis (33 millicuries)
Pørenteral (energy lees	administration of beta-emitter, or photon-emitting radionuclide with a photon than 150 keV requiring a written directive is required
Parenteral	administration of any other radionuciide requiring a written directive
,	
Third Section	
i attest that	Name of Proposed Authorized User has satisfactorily achieved a level of competency to
function indepe	indently as an authorized user for:
Oral Nal-13 gigabeoque	1 requiring a written directive in quantities less than or equal to 1.22 rela (33 milliouries)
Oral Nai-13	1 in quantities greater than 1.22 gigabecquerels (33 millicuries)
Parenteral s	administration of beta-emitter, or photon-emitting radionuclide with a photon than 150 keV requiring a written directive is required
Parenteral a	idministration of any other radionuolide requiring a written directive
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NRC FORM 818A (AUT)	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			Ü, S. NUCLEAR REGUL	TORY COMMISSION
	D USER TRAIN	ING AND EXPERI	ENCE AND PRECEPT	OR ATTESTATION (co	entinued)
Fourth Section					
<u> Eor 35.395:</u>					
<u>Current 35,490</u>	or 35.690 auth	orized user:			
l attest that			is an authorized (user under 10 CFR 35.49	90 or 35.690
aboratory tr	t Agreement Stationing, as requir	ed by 10 CFR 35.3 95(d)(2), and has a	96 (d)(1), and the sup:	eted the 80 hours of class ervised work and clinical spetency sufficient to fund	CROS
Parenter than 150	al administration keV for which a	of any bata-amitta written directive is	r, or photon-emitting ra required	adionuciide with a photor	n energy less
Parenter	al administration	of any other radio	nucilde for which a writ	ten directive is required	1
Board Certifica	tion;	(OR		
l attest that	7.		has satisfactorily	completed the board cer	iffication
required by	s of 35.396(c), h 10 CFR 35.396 (, and has achiev	d)(1) and the super	Vised work and clinics	of classroom and laborate of class experience require ction independently as a	ed by
Parenten than 150	al administration keV for which a	of any beta-emitter written directive is	r, or photon-emitting ra required	dionuclide with a photon	energy leas
Parenten	al adminatration	of any other radion	uciide for which a writt	en directive is required	1
ifth Section Complete the following	ig for preceptor	r attestation and s	Ignature:		
l meet the requi	remente below, r	or equivalent Agree	ment State requireme	nts, as en authorizad us	er for:
35.390	35,392	35.394	35.396		
i have experience requesting author	e administering orization.	dosages in the follo	wing categories for w	high the proposed Author	rized User la
Oral Nai-131 milliouries)	requiring a writt	ten directive in quar	ntitles less than or equ	ai to 1.22 gigabecquerei	: (33
🔽 Oral Nai-131	In quantities gre	ester than 1.22 gigs	ibecquerels (33 millicu	ries)	
Perenteral ac 150 keV requ	iministration of it ildng a written di	esta-emitter, or pho freative is required	ton-emitting medionucii	de with a photon energy	lese than
Parenteral ac	Iministration of e	ıny other radionuçli	de requiring a written d	directive	
arne of Preceptor		Signature		Telephone Number	Date
hancelle W. D	USING ME	/ Legerals a	. Junnay	913-588-6505	Sept 16, 200
ioense/Permit Number/Fi	- C SO / (10	S) ACGMA	F 10 CFR 35.	910,1920, + .9	30
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