



Cheyenne Regional  
Medical Center

214 EAST 23RD STREET  
CHEYENNE, WY 82001

307-634-2273

www.crmcwy.org

14 September 2009

RECEIVED

SEP 17 2009

MS

Mrs. Jacqueline Cook, Health Physicist  
Nuclear Regulatory Commission, Region IV  
612 Lamar Blvd., Suite 400  
Arlington, Texas 76011-4125

Subj: **AMENDMENT OF LICENSE NO. 49-01380-01**

Dear Ms. Cook;

I am writing this letter to request the following changes to our license:

To add **M. Obadah Al Chekatie MD** as an Authorized User . As evidence of qualifications, please find the attached copy of his board certification, signed NRC Form 313A (AUD) and letter of attestation.

If you have any questions I can be reached at 307.633.7838. Or you can e-mail me at [todd.christensen@crmcwy.org](mailto:todd.christensen@crmcwy.org) Thank you for your attention to this matter.

Sincerely,

Todd A. Christensen MS DABR  
Radiological Physicist, RSO, AMP  
Cheyenne Regional Medical Center  
214 East 23<sup>rd</sup> Street  
Cheyenne WY 82001

No. 4 7 2 4 1 8

# Certification Board of Nuclear Cardiology

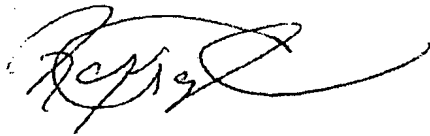
Incorporated 1996

Certifies that

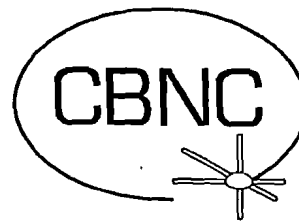
## M. Obadah Al Chekatie, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD  
FOR PHYSICIANS TRAINED IN THE UNITED STATES  
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,  
IS HEREBY DESIGNATED  
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF  
NUCLEAR CARDIOLOGY

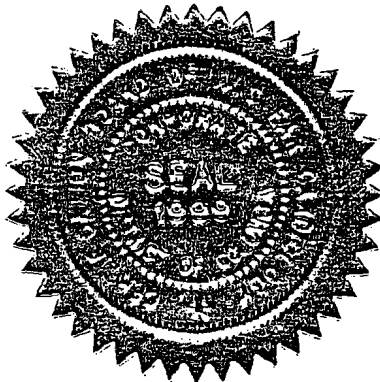
FOR THE PERIOD 2007 - 2017



President



Secretary



CERTIFICATE NUMBER: 5196

**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: 3/31/2012

Name of Proposed Authorized User

M. Obadah Al Chekaki MD

State or Territory Where Licensed

Wyoming

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
<b>Total Hours of Training:</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		<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		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<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		<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.**

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

U.S. NUCLEAR REGULATORY COMMISSION

**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 M. Obadah Al Chekatie 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 Robert H. Wagner, MD	Signature 	Telephone Number (708) 216-8667	Date 08/12/2009
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License/Permit Number/Facility Name  
IL-01131-02, Loyola University Medical Center



LOYOLA  
UNIVERSITY  
CHICAGO

LOYOLA UNIVERSITY MEDICAL CENTER  
Foster G. McGaw Hospital  
Department of Radiology  
Section on Nuclear Medicine

2160 S. First Avenue  
Maywood, Illinois 60153

Telephone: (708) 216-8667  
Fax: (708) 216-5813  
Internet: [rwagner@lumc.edu](mailto:rwagner@lumc.edu)

June 15, 2007

To Whom It May Concern:

This letter is to confirm the training experience of M. Obadah Al Chekakie, MD for the laboratory and clinical training in the diagnostic use of radioisotopes. He has received 100 hours of didactic/classroom training covering the topics of radiopharmacy, radiation biology, radiation protection, instrumentation and physics, and the mathematics associated with radioactivity. This was completed on May 20<sup>th</sup>, 2007.

His clinical experience included elution of a Mo99-Tc99m generator, preparation of Tc99m Tetrafosmin kits, and supervision / interpretation of stress/rest myocardial perfusion studies. This clinical training included the interpretation of 1,165 studies at various periods from 5/05 through 11/06 and meets or exceeds the minimum of 700 hours total of training and experience in our department.

During the above time period, he spent time in our radiopharmacy where he was instructed and had experience in:

- a. Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
- b. Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
- c. Calculating, measuring, and safely preparing patient or human research subject dosages;
- d. Using administrative controls to prevent a medical event involving the use of unsealed byproduct material;
- e. Using procedures to safely contain spilled radioactive material and using proper decontamination procedures;
- f. Administering dosages of radioactive drugs to patients or human research subjects; and
- g. Eluting generator systems appropriate for 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.

It has been a pleasure to have Dr. Al Chekakie in our department and I believe that he is competent to act as a user for diagnostic cardiac studies.

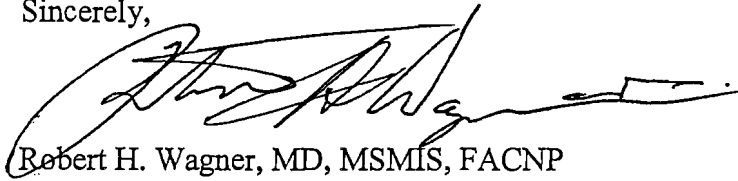
Dr. Al Chekakie has completed a training program in nuclear cardiology that meets the requirements for Level 2 training as outlined in the ACC/ASNC COCATS Guidelines (Revised 2006) within an accredited fellowship program.

Dr. Al Chekakie is competent to independently function as an authorized user under 10 CFR 35.290 uses.

I am an authorized user under a broad scope license at Loyola University Medical Center. This can be confirmed by contacting Dr. Kevin Corrigan at 708-216-9260. You can also request from that number a copy of our license.

Should you have any questions, please do not hesitate to contact me at 708-216-8667.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert H. Wagner', written over a horizontal line.

Robert H. Wagner, MD, MSMIS, FACNP  
Professor of Radiology and  
Director, Section of Nuclear Medicine  
Chairman, Radiation Safety Committee

Agreement State License Number IL-01131-02



## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Memorial Hospital of Laramie Cty      **License:** 49-01380-01  
**Docket:** 030-03496      **Mail Control:** 472418  
**Type of Action:** Amend      **Date of Requested Action** 9-14-09  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material. <input type="checkbox"/> Change of contact information (RSO), send request to update IC database.

**Reviewer's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

**Branch Chief's and/or HP's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUNSI Screening according to RIS 2005-31**

Yes     No    **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- \_\_\_\_\_ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- \_\_\_\_\_ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- \_\_\_\_\_ Design of structure and/or equipment (site specific)
- \_\_\_\_\_ Information on nearby facilities
- \_\_\_\_\_ Detailed design drawings and/or performance information
- \_\_\_\_\_ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- \_\_\_\_\_ RAM quantities and inventory
- \_\_\_\_\_ Manufacturer's name and model number of sealed sources & devices
- \_\_\_\_\_ Site drawings with exact location of RAM, description of facility
- \_\_\_\_\_ RAM security program information (locks, alarms, etc.)
- \_\_\_\_\_ Emergency Plan specifics (routes to/from RAM, response to security events)
- \_\_\_\_\_ Vulnerability/security assessment/accident-safety analysis/risk assess
- \_\_\_\_\_ Mailing lists related to security response

**Branch Chief's and/or HP's Initials:** RJTC      **Date:** 10-2-09

10-09-09  
DATE

This is to acknowledge the receipt of your letter/application dated 9-14-09, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.


Please provide to this office within 30 days of your receipt of this card:

---

The action you requested is normally processed within 90 days.

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** 472418.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,  
  
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20150331  
: Fee Comments: CODE 13  
: Decom Fin Assur Reqd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL HOSPITAL OF LARAMIE CTY.  
Received Date: 20090917  
Docket No: 3003496  
Control No.: 472418  
License No.: 49-01380-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:           /          

3. COMMENTS

Signed           Catherine M. Munnahan            
Date           4-23-09          

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_/\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

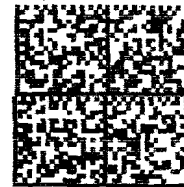
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_



Cheyenne Regional  
Medical Center  
214 East 23rd Street  
Cheyenne, WY 82001



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\$00.610

09/15/2009

Mailed From 82001

US POSTAGE

Ms. Jacqueline Cook, Health Physicist  
U S Nuclear Regulatory Commission,  
Region IV  
612 Lamar Blvd., Suite 400  
Arlington, Texas 76011-4125

76011-4125 C024

