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The William W. Backus Hospital

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NTSORCAU ULTER. AL

September 2, 2009

USNRC Region I 475 Allendate Rd King of Prussia PA 19406

BY FAX: 610 337 5393

Greetings:

Stacy Lyn Spooner, M.D. and Nathaniel David Dueker, M.D. have satisfactorily completed the requirements in 10 CFR 35.190 and 10 CFR 35.290, and have achieved a level of competency sufficient to function independently as authorized users for medical uses authorized under § 35.100 and 35.200.

Copies of NRC Form 313A are attached.

Please contact us if you need additional information.

Sincercly yours,

Les Temkin Vice President

LT/srk

The American Badiology, the American Medical Association of 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

Nathaniel David Dueker, 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 sixth day of June, 2007

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

Biagnostic Radiology

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Dith Elichan

R.P. Hatter / m Executive Birech



Halid through 2017

Cerlificate No. 53509

NRC FORM 31	(AUD)	U.S. NUCLEAR REGULATO	RYCOMMISSION		
(10-2007)	~	مىرى ئىلىغۇر يۇن يۇم يىلى بىلى تى يىلى يىلى يىلى يىلى يىلى يىلى بىلى يىلى ي			
	AUTHORIZED USER TRAINI		IĈE	APPROVED BY C	MB: NO. 3150-0120
	AND PRECEPTOR A for uses defined under 35.1		2001	EXPIRES: 10/31/	
	[10 CFR 35.190, 35.2		100]		
Name of Geo	······································		and Strate Litera		
	oosed Authorized User	ر مور	ory Where Licens		
1	haniel D Duekez			*	
Requested	Authorization(s) (check all that apply				
X 35,100 l	Uptake, dilution, and excretion studie	5	·		
35.200 (maging and localization studies				
35.500 8	Sealed sources for diagnosis (specify	/ device)	
	• • • • • • • •	- TRAINING AND EXPE			
* Training	and Experience, including board cert		,	the 7 years pre-	redina
the date of the requi	of application or the individual must here training and experience was com n and experience related to the uses	have obtained related cor pleted. Provide dates, d	ntinuing educatio	in and experience	æ since
X 1. Boa	rd Certification				
a. Pro	vide a copy of the board certification				
	sing only 35.500 materials, stop here ceptor Atlestation.	. If using 35,100 and 35.	.200 materiats, s	kip to and comp	iele Part II
2. Cur	rent 35.390 Authorized User Seeki	no Additional 35.290 Au	Ithorization		
	horized user on Materials License		ting 10 CFR 35.	390 or equivate	ni Aareement
	te requirements seeking authorizatio				
	-				
(If n	pervised Work Experience, nore than one supervising individual lies of this section.)	is necessary to documen	at supervised wa	rk experionco, p	rovide multiple
	escription of Experience	Location of Experience Permit Number of F		Clock Hours	Dates of Experience*
	generator systems				
	riate for the preparation of clive drugs for imaging and				
	alion studies, measuring and				
testing	the eluate for radionuclidic				
	and processing the eluate agent kits to prepare labeled				
	agent this to propere severed				
		× •_▲_1 E2	***		
1	1	otal Hours of Experien	çe:		
Superv	ising Ind viduz	License/Per authorized i	mit Number listing user) supervising indiv	vidual as an
Supen	visor meets the requirements below,	or equivalent Agreement	State requireme	ents <i>(check all th</i>	at apply).
	35.290 35.390 + generato	r experience in 32 290(c)(1)(ii)(G)		
		···			

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FORM 313A (AUD) ⁷⁾ AUTHORIZED USER TRAINING AN	ND EXPERIENCE AND PRECEPTOR ATT	UCLEAR REGULAT	
. Training and Experience for Propos	ed Authorized User		
a. Classroom and Laboratory Training.			
	····	Clock	Dates of
Description of Training	Location of Training	Hours	Training*
Radiation physics and instrumentation			
		-	
Radiation protection			
	-		
Mathematics pertaining to the Use and measurement of radioactivity			
			· ·
Chemistry of byproduct material for medical use (not required for 35.590)			
· · · · · · · ·		!	
Radiation biology			
<i></i>			
	Total Hours of Training:		
 b. Supervised Work Experience (compl (If more than one supervising individ provide multiple copies of this section 	letion of this table is not required for 35.590) Wal is necessary to document supervised wi n.)). ork experience,	
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
		Yes	
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation		No	
radioactive materials safely and performing the related radiation surveys		No -	
radioactive materials safely and performing the related radiation surveys Performing quality control		No - Yes	
radioactive materials safely and performing the related radiation surveys		-	

Training and Experience for Propos	ed Authorized User (continued)	
 Supervised Work Experience. (co 	ntinued)	
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		Yes No
subject dosages		I¥U
Using administrative controls to prevent a medical event involving the		Yes
use of unsealed byproduct material		No
Using procedures to contain spilled byproduct material safely and using		Yes
proper decontamination procedures		No
Administering dosages of radioactive drugs to patients or human research		; Yes
subjects	• • • • • • • • • • • • • • • • • • • •	No
Eluting generator systems appropriate for the preparation of radioactive	2	Yes
studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs Supervising Individual	License/Permit Number lis authorized user	sting supervising individual as an
Supervisor meets the requirements b	elow, or equivalent Agreement State require	
35.190 35.290	35.390 35.390 + generator expe	nlence in 35 290(c)(1)(ii)(G)
c. For 35.590 only, provide documer	tation of training on use of the device.	
Device	Type of Training	Location and Dates
, A w		
		······
,,, , , , , , , , , , ,		• • • • • • • • • • • • • • • • • • •

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION \$8-2007) 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 varifies 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 Iraining 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 enie () de key has satisfactorily completed the requirements in I attes! that 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. ÖR Training and Experience has satisfactorily completed the 60 hours of training and Lattesi that Name of Proposed Authorized Lisar 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** Nathaniel Duekor-has satisfactorily completed the requirements in attest that 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 has satisfactorily completed the 700 hours of training I attest that 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:

 I meet the requirements verses

 35.190
 35.290
 35.390
 35.390 + generator experience

 Name of Preceptor
 Signature
 Telephone Number
 Date

 I EFFRE Y C. RUDRIKUM
 Manual Result
 86v 589-8331
 1/9/09

 License/Permit Number/Facility Name
 WILLIAM w BACKUS Hosp iTAL

The American Board of Radialogy 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 Stacy Lyn Spooner, 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 fourteenth day of June, 2006 AH Eligible Thereby demonstrating to the satisfaction of the Board that she is qualified to practice the specialty of Biagnostic Radiology P.P. Harry D

Certificate No. 52218

Halid through 2016

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Yale University Department of Diagnostic Radiology



SCHOOL OF MEDICINE P.O. BOX 208042 NEW HAVEN. CONNECTICUT 06520-8042

June 21, 2007

To whom it may concern:

Dr. Stacy Spooner is AU elibible as per designation on her ABR certificate dated June 2006.

Dr. Stacy Spooner has met the requirements in sections 35.290, or 35.390 and 35.290(c)(1)(ii)(G), or equivalent Agreement State requirements. In addition, she has satisfactorily completed the requirements in paragraph (a)(1) or (c)(1) of this section (10 CFR 35.290 c2) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 35,100 and 35.200.

Sincerely,

David Cheng, MD, PhE

Clinical Chief of Nuclear Medicine Assistant Professor of Diagnostic Radiology PAGE 67/07

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PAGE 02/07

AGTHORIZED USER IT AND PRECEPT (for uses defined under [10 CFR 35.190,	RAINING AND FOR ATTESTA 35.100, 35.20	0, and 35.500)		/ OME: NG. 5169-9120 /2012
ame of Proposed Authorized User		State or Territory Where Lice	nsed	
Stary Spons		C7		
equested Authorization(s) (check all that	app/y)	**************************************	·	
2.35.100 Uptake, dilution, and excretion	studias			
235,200 Imaging and localization studie	9		-	
35.500 Sealed sources for diagnosis (specify device	*****)	
		G AND EXPERIENCE		
Training and Experience, including boar the date of application or the individual the required training and experience wa education and experience related to the	must have obtain is completed. Pro	ed related continuing educa wide dates, duration, and of	lion and experie	nce since
1. Board Certification				
a. Provide a copy of the board certific	cation.			
 If using only 35.600 materials, stop Preceptor Attestation. 	p here. If using 3	5.100 and 35.200 materials,	skip to and con	iplete Part II
2. Currant 35.390 Authorized User	Seeking Addition	al 35.290 Authorization		
a. Authorized user on Materials Licer	ise	maaling to AED 3	5.390 or equival	aal Aargoment
		нартай то еска	2.035 Ci adarim	CHE COLOCERDOR
State requirements seeking author	rization for 35.290	·····	2.039 Ci squarai	aut vâneaneur
State requirements seeking author b. Supervised Work Experience. (If more than one supervising India copies of this section.)			·	-
 b. Supervised Work Experience, (If more than one supervising Indit 	idual is necessar		·	-
b. Supervised Work Experience. (If more than one supervising Induce the section.)	idual is necessar), y to doournant supervised w f Experience/License or	rork experience, Clock	provide multiple
 b. Supervised Work Experience. (If more than one supervising induce copies of this section.) Description of Experience Eluting generator systems appropriate for the preparation of radioactive drugs for Imaging and localization studies, meesuring and testing the eluale for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled 	ridual is nacaรรลิก Location o Permi	y to document supervised w (Experience/License or t Number of Fecility of Experience:	Clock Hours	provide multiple Dates of Experience*
 b. Supervised Work Experience. (If more than one supervising induce opties of this section.) Description of Experience Eluting genorator systems appropriate for the preparation of radioactive drugs for Imaging and localization studies, meesuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled 	ridual is nacaรรลิก Location o Permi), y to document supervised w (Experience/License or t Number of Facility	Clock Hours	provide multiple Dates of Experience*
 b. Supervised Work Experience. (If more than one supervising individual optics of this section.) Description of Experience Eluting genorator systems appropriate for the preparation of radioactive drugs for Imaging and localization studies, meesuring end testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs Supervising individual Supervisor meets the requirements be 	Idual is nacassar Location o Permi Total Hours	y to document supervised w (Experience/License or t Number of Facility of Experience: License/Permit Number listi authorized user	rork experience, Clock Hours	provide multiple Dates of Experience*

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3. <u>Training and Experience for P</u> a. Classroom and Laboratory Trai			
Description of Training	Location of Training	Clock Hours	Dates Trainin
Radiation physics and instrumentation	Yak New Haven Hospital Dept. Nuclear medizine 20 yorkst., New Haven crow NRC Livense 06000819-03	s., 20	7/1/07 6/32/0
Rediation protection	Same as above	20	h 1/
Mathematics pertaining to the use and measurement of radioactivity	same as above	20	÷.
Chemistry of byproduct material for medical use (not required for 35,590)	same as above	20	<u>,</u> , , ,
Radiation biology	same as above	1 0	
 b. Supervised Work Experionce (co (if more than one supervising ind provide multiple copies of this set 	Total Hours of Training: 100 mpletion of this table is not required for 35.590). Widuel is necessary to document supervised work ction.)	experience,	
Supervised Work Experience	Total Hours of Experience;		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dales of Experienc
Ordering, roceiving, and unpacking radioactive materials safely and performing the related radiation surveys	Vale New Haven Hospital 20 York St., New Haven, cr 0650 NRC License 06000 819-03	Ves No	7/1/02- 6/30/01
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	same as above	VYes No	11 //

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PAGE: 04/07

Training and Experience for I			User (contin	wed)		
b. Supervised Work Experience					·····	T
Description of Experience Must include:	8		n of Experienc mit Number o		Confirm	Dates of Experience*
Calculating, measuring, and sa preparing patient or human res subject dosages		Sa	me		No	7/102-
Using administrative controls to prevent a medical event lovolvir use of unsealed byproduct make	is the		Same	111111111444444444	Ves No	¥ 4
Using procedures to contain spl byproduct material safely and u proper decontamination proced	sing		Same	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I No	n 11
Administering dosages of radio drugs to patients or human rese subjects			Same		Pres	ų 1
Eluting generator systems appro- for the preparation of radioactive drugs for imaging and localization studies, measuring and testing t eluale for radionuclidic purity, an processing the eluate with reage dts to prepare labeled radioacti- trugs	a ba he nd ant		Same		VYes No	u */
Supervising Individual David W. Cheng,	ΜD,	PhD	authorized	rinit Number listing user License 0		
Supervisor meets the requireme 35.190 35.290 For 35.590 only, provide doo	nts belo C22	w, or equivale 15.390 [] 35 .390 + 90	anerator experien		
Device		Type of Training La		cation and Da	(35	
						паалаа жалинин ни ууууууууууууууууууууу

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NRC FC	RM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
i na n i	AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Note:	PART II - PRECEPTOR ATTESTATION 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 insining 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 35.690)
	By checking the boxes below, the preceptor is elitesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."
	ection one of the following for each use requested:
For	35,190
	Board Certification
	1 attest that has satisfactorily completed the requirements in
	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.
	ÖR
	Training and Excertance
	Trattest that Stary Spooner has satisfactorily completed the 60 hours of training and
	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.
Por	36,200
	Board Certification
	Lattest that has satisfactorily completed the requirements in
	Name of Proposed Autoritzed User 10 CFR 35.290(a)(1) and hes 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 Training has satisfactorily completed the 700 hours of training Name of Proposed Automation Lines
	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.
Secon Compl	d Section lete the following for preceptor attestation and signature:
•	I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
	235,190 235.290 235.390 235.390 + generator experience
Name d	I Preceptor Signature Telephone Number Date
Dav	id W. Cheng MD, PhD 7 Str D 2 185.2334 10/2 04
License	NRC License 06000819-03
	NEC L'ECOSE DUDUA - US

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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-m/doc-collections/cfr/part035/part035-0290.html

Nacy Spanner and Resident Name	Yale New Hann	07-04-06-2	
Resident Name	Program	Program #	
<u>-</u>		Yes No	
By the time of the ABR oral example			

in 10 CFR 35.290 and 35.392	0-1	.)
This applicant has taken part in \geq 3 cases of oral administration of I-131 therapy (\leq 33mCi)	8-c	_
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached		1
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		Me
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		3

4

Residency Program Director (Print Name) Program Director (Signature)

Date

This is to acknowledge the receipt of your letter application dated $(1) \int Q$	
includes an administrative review has been performed.	
There were not wanthinistrative 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 44287	

Your action has been assigned Mail Control Number $1 - \frac{1}{2} \frac{1}{2$

NRC FORM 532 (RI) (6-96)

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Sincerely, Licensing Assistance Team Leader