

The William W. Backus
Hospital

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06-11734-02
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September 2, 2009

USNRC Region I
475 Allendale 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.

Sincerely yours,

Les Temkin
Vice President

LT/srk

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

Nathaniel David Bueker, 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 specialty of*

Diagnostic Radiology

Ray O. Anderson, MD
President

Lith Eicken
Secretary-Treasurer

R.P. Hatten, MD
Executive Director



Certificate No. 53509

Valid through 2017

**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

State or Territory Where Licensed

Nathaniel D Dueker

CT

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			

Total Hours of Training:

**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.)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Total Hours of Experience:		Dates of Experience*
		Confirm	No	
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		Yes	No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes	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		Yes	
		No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		Yes	
		No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		Yes	
		No	
Administering dosages of radioactive drugs to patients or human research subjects		Yes	
		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		Yes	
		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)(i)(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 Nathaniel Dveker 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 Nathaniel Dveker 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

JEFFREY C. RODRIGUEZ

Jeffrey C. Rodriguez

800-589-8331

11/9/09

License/Permit Number/Facility Name

06-11734-02

WILLIAM W BACKUS HOSPITAL

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

Stacy Lynn 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

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

Diagnostic Radiology

AH Eligible

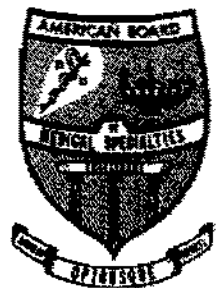


Certificate No. 52218

Ray O. Alderson, MD
President

Leith Eichen
Secretary-Treasurer

R.R. Hatten, MD
Executive Director



Valid through 2016

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 eligible 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, PhD

Clinical Chief of Nuclear Medicine
Assistant Professor of Diagnostic Radiology

NRC FORM 313A (AUD) <small>(8-2008)</small>		U.S. NUCLEAR REGULATORY COMMISSION	
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 OMR: NO. 3180-0120 EXPIRES: 3/31/2012
Name of Proposed Authorized User <i>Stacy Sporn</i>		State or Territory Where Licensed <i>CT</i>	
Requested Authorization(s) (check all that apply)			
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies			
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> 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).			
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(i)(G)			

NRC FORM 313A (AUP)
(4-2008) U.S. NUCLEAR REGULATORY COMMISSION
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	Yale New Haven Hospital Dept. Nuclear medicine 20 York St., New Haven, CT 06510 NRC License 06000819-03	20	7/1/02 - 6/30/06
Radiation protection	Same as above	20	" "
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	" "
Radiation biology	Same as above	20	" "

Total Hours of Training: 100

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	Yale New Haven Hospital 20 York St., New Haven, CT 06510 NRC License 06000819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/02 - 6/30/06
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "

NRG FORM 313A (AUD) 12-2000 U.S. NUCLEAR REGULATORY COMMISSION
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	Same	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/02 - 4/30/06
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Same	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Same	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
Administering dosages of radioactive drugs to patients or human research subjects	Same	<input checked="" 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	Same	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "

Supervising individual: **David W. Cheng, MD, PhD**
 License/Permit Number listing supervising individual as an authorized user: **NRC License 06000819-03**

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)(F)(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 (AUG 13-2004)

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 Stacy Spooner has satisfactorily completed the 50 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 35.280

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 Stacy Spooner 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 <u>David W. Cheng MD, PhD</u>	Signature <u>[Signature]</u>	Telephone Number <u>785-2334</u>	Date <u>10/2/09</u>
License/Permit Number/Facility Name <u>NRC License 06000819-03</u>			

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>Stacy Spooner MD</u>	<u>Yale New Haven</u>	<u>07-04-06-2</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.

This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy (≤ 33mCi).

The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.

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.

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.

<u>Beckie Shaw MD</u>	<u>Beckie Shaw MD</u>	<u>5-28-06</u>
Residency Program Director	Program Director	Date
(Print Name)	(Signature)	

This is to acknowledge the receipt of your letter application dated

9/2/09, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (06-11734-02) 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 144287.
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 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader