



CAPITAL REGION MEDICAL CENTER

In partnership with the University of Missouri Health Sciences Center

P.O. Box 1128
Jefferson City, Missouri 65102-1128
573/632-5000

November 24, 2009

U.S. Nuclear Regulatory Commission
Nuclear Materials Licensing Section
2443 Warrenville Road
Suite 210
Lisle, IL. 60532

Re: Amendment application for the purpose of adding an authorized user to Capital Region Medical Center's NRC License, 24-12699-01

Capital Region Medical Center, license 24-12699-01, requests Mitchell T. Godbee, M.D. be added as an authorized user for Materials and Use in 10 CFR 35.100, 35.200 and 35.300 less than (33mci).

I am sending this letter as a follow-up to your phone message request from November 23, 2009. In addition, I am sending the preceptor attestation forms page 4 and a letter from the Radiation Safety officer from the University of Missouri- Columbia.

If you have need for any additional information do not hesitate to contact me, Ron Thompson, Supervisor of Nuclear Medicine, at 573-632-5286.

Sincerely,

Ron Thompson, CNMT, RT, Supervisor Nuclear Medicine
Capital Region Medical Center

UNIVERSITY *of* MISSOURI

ENVIRONMENTAL HEALTH AND SAFETY

TO: Kenneth L. Andrews, M.S., DABR
Diagnostic Radiological Physicist for
The Medical Physics Group, Ltd.

FROM: Jack Crawford, MS, CNMT
Radiation Safety Officer/Assistant Director EHS
University of Missouri-Columbia
Environmental Health and Safety
8 Research Park Development Building
Columbia, Missouri 65211-3050

DATE: November 17th, 2009

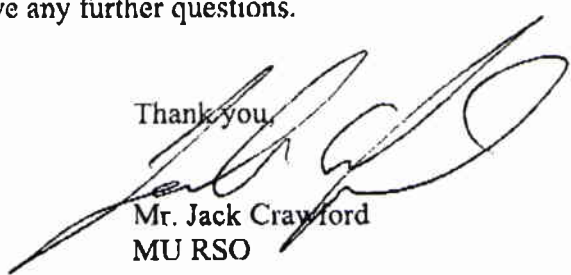
SUBJECT: Radioactive Material history for Dr. Singh at MU

Mr. Andrews,

Dr. Amolak Singh, Authorized User (# 00549, 10549, and 30549) has been an active member of our NRC license since 5/27/1986, when he was approved by our Radiation Safety Committee, and has held an American Board of Nuclear Medicine Certificate since 1977. He is currently approved for 10 CFR 35.100, 10 CFR 35.200, and 10 CFR 35.300 uses on our NRC Broad Scope Type "A" license number 24-00513-32, Amendment No. 102.

Please do not hesitate to contact the RS Office if you have any further questions.

Thank you,



Mr. Jack Crawford
MU RSO

cc: Dr. Amolak Singh (AU # 00549, 10549, 20549, and 30549)
RSO File



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 Mitchell T. Godbee, M.D 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 Mitchell T. Godbee, M.D 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

AMOLAK SINGH

Signature

[Handwritten Signature]

Telephone Number

(573) 882-7955

Date

11/19/09

License/Permit Number/Facility Name

24-00513-32 University of Missouri - Columbia



P.O. Box 1128
Jefferson City, MO 65102-1128
573-632-5000

Confidential Fax

Date: 11/23/09

Faxed To: James NRC

Fax Number: 623-214-5213

From: NUCLEAR MEDICINE

Rad Thompson On Hand

Phone # 573-632-5280 Fax # 573-632-5802

Comments: Supplemental Information
for Amendment request.

Total number of pages including cover sheet: 4

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Call 573-632-5265 to arrange for the return of the original documents to us.