

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

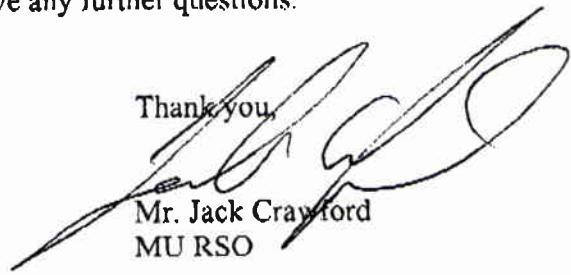
SUBJECT: Radioactive Material history for Dr. Singh at MU

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



8 Research Park Dev Bldg, Columbia, MO 65211 Phone: 573-882-7018 Fax: 573-882-7940 ehs.missouri.edu
Missouri's Flagship University

NRC FORM 313A (AUD)
(9-2009)

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

ANOLAK SINGH

Signature

[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 NORC

Fax Number: 623-214-5213

From: NUCLEAR MEDICINE

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

Comments: Supplemental Information
for Amendment request.

Total number of pages including cover sheet: 3

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