

**BLUEFIELD REGIONAL
MEDICAL CENTER**

March 26, 2010

601

Licensing Assistance Team
Division of Nuclear Materials Safety
US Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

RECEIVED
REGION 1
2010 APR 12 PM 12: 26

License Number: 47-19142-01

030 17032

To Whom It May Concern,

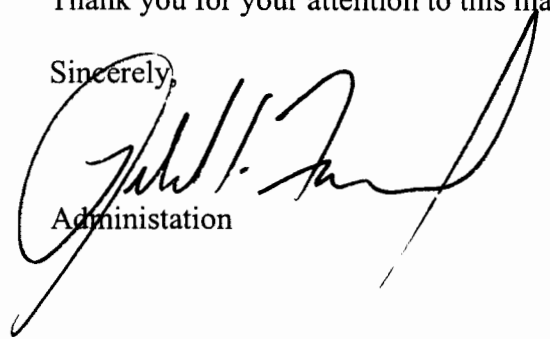
In accordance with 10 CFR 35.13(f) please amend our radioactive material license as follows:

1. Please add Robert M. Cargile, M.D. as an authorized for procedures in 35.100, 35.200 and 35.300 (Oral administrations of sodium iodide iodine 131 in quantities less than or equal to 33 millicuries). Attached is the completed 313 A form documenting his training and experience. Also attached is a letter dated June 3, 2009 form the American Board of Radiology confirming the granting of his Certificate in Diagnostic Radiology and confirming his Authorized User eligibility.

Pleas contact our consultant C. Kelly Stoneberg at (888) 456-5255 with any questions.

Thank you for your attention to this matter.

Sincerely,



Administration

144607

NRSD-DCM BLUEFIELD-002

APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E. LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

03017038

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 47-19142-01
- C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Bluefield Regional Medical Center
500 Cherry Street
Bluefield, WV 24701

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Bluefield Regional Medical Center
500 Cherry Street
Bluefield, WV 24701

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

C. Kelly Stoneberg - Consultant

TELEPHONE NUMBER

(888) 456-5255

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY	AMOUNT ENCLOSED	\$
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13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

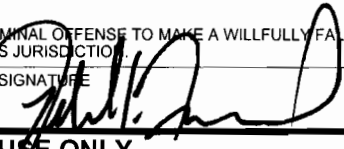
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE

Leland Farnell, Interim CEO

SIGNATURE



DATE

3/31/10

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		

APPROVED BY

DATE

144607

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Robert Cargile, M.D. Authorized User 10 CFR 35.190, 35.290, and 35.392

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

2004010700 - Missouri; 35.093673 - Ohio

3. CERTIFICATION See attached board certification

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	NA	NA	NA
Radiation Protection	"	"	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	"	"
Radiation Biology	"	"	"
Chemistry of Byproduct Material for Medical Use	"	"	"
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Eluting generators, measuring and testing the eluate, and processing the eluate with reagents kits to prepare labeled radioactive drugs	Barry A. Siegel, M.D.	Washington University NRC License No. 24-00167-11	7/1/05-6/30/09

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-131	35.392(c)(2)(vi)	4	1 or more listed in Item 10.	See Item 6a.	7/1/05 - 6/30/09

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
N/A		

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
N/A			

8. RADIATION SAFETY OFFICER (RSO) – ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
 N/A of _____ the RSO for License No. _____.

9. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____.

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

Barry A. Siegel, M.D.

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 190, 290, 392, as documented in section(s) 3, 6a., 6b. of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for 35.392(c)(2)(vi) types of use, as documented in section(s) 6b. of this form.

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **OR**

has achieved a level of competency sufficient to function independently as an authorized user for 35.100, 35.200, 35.392 uses (or units); **OR**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **OR**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **OR** I am a Radiation Safety Officer; **OR**

I meet the requirements of 190, 290, 390 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): 35.100, 35.200, 35.300

A. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

B. Materials License Number

24-00167-11

C. NAME OF PRECEPTOR (print clearly)

Barry A. Siegel, M.D.

D. SIGNATURE -- PRECEPTOR

Barry A. Siegel MD

E. DATE

6/23/09

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Delphine L. Chen, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Farrokh Dehdashti, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Keith C. Fischer, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Bennett S. Greenspan, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

B. Supervisor is:

Mark A. Mintun, M.D.

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

B. Supervisor is:

Henry D. Royal, M.D.

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Akash Sharma, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. (Additional) SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Jerold W. Wallis, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11



ABR⁷⁵ YEARS

THE AMERICAN BOARD OF RADIOLOGY
SERVING THE PUBLIC TRUST



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E-mail: information@theabr.org · website: www.theabr.org

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 - John K. Crowe, M.D., Scottsdale, Arizona
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 - Robert A. Erickson, M.D., Milwaukee, Wisconsin
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 - James E. Kun, M.D., Memphis, Tennessee
 - Richard G. Willett, M.D., Durham, North Carolina
 - Robert L. Zelman, M.D., Boston, Massachusetts
- Diagnostic Physics**
- Donald Frey, Ph.D., Charleston, South Carolina
 - Gregory S. Ibbott, Ph.D., Houston, Texas
 - Richard L. Morin, Ph.D., Jacksonville, Florida

June 3, 2009

ABRID 57705 / DR / 7 / 31
Confirmation # 9D52AE76

Robert Matison Cargile, MD

Dear Dr. Cargile:

I am pleased to inform you that you passed the oral examination held on May 31 to June 3, 2009. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portions of the nuclear radiology section, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 03, 2009. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Gary J. Becker, MD

Enclosures

Executive Director: Gary J. Becker, M.D.
Robert R. Hattery, M.D., Senior Advisor to the Executive Director

Assistant Executive Directors: Primary Certification
 Diagnostic Radiology: Dennis M. Balle, M.D.
 Diagnostic Radiology: Kay H. Vydareny, M.D.
 Diagnostic Radiology: James P. Borgstede, M.D.
 Diagnostic Radiology: Lawrence W. Davis, M.D.
 Diagnostic Radiology: Amy E. Kun, M.D.

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>

Robert Cargile
Resident Name

Mallinckrodt Institute of
Radiology
Program

26-03-09-02
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.....

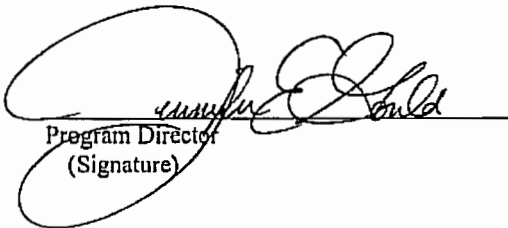
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ($\leq 33\text{mCi}$).....

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.....

Jennifer E. Gould, M.D.
Residency Program Director
(Print Name)


Program Director
(Signature)

2/23/09
Date

FORM B

I-131 Therapy Experience

Robert Cargile

Resident Name

Mallinckrodt Institute
of Radiology 26-03-09-02

Program & Number

Date
1. 9/20/05 Dose Administered
 13.8 mCi

Preceptor (AU) Print & Sign Name

Jerald Wallis, MD
Print Name

2. 9/21/05 13.0 mCi

Keith C. Fischer
Sign Name

Keith Fischer, MD
Print Name

3. 9/8/05 12.3 mCi

Keith C. Fischer
Sign Name

Jerald Wallis, MD
Print Name

4. 7/24/07 9.3 mCi

J. Wallis
Sign Name

Jerald Wallis, MD
Print Name

J. Wallis
Sign Name

Resident's Name: Robert Cargile

**NUCLEAR MEDICINE TECHNIQUES
PROFICIENCY EVALUATION
(Radiology Residents)**

Task	Date	Resident/ Instructor Initials
*1. Check pulse height analyzer (PHA) photopeak adjustment on the scintillation camera to determine if photopeak is centered in window.	7.29.08	RC/BG
*2. Perform field uniformity check on a scintillation camera and identify if uniformity is acceptable.	7.29.07	RC/BG
*3. Perform spatial resolution check on a scintillation camera and identify if acceptable for camera.	7.29.08	RC/BG
*4. Perform weekly review of camera quality control data and archive printouts.	7-27-07	RC/BS
*5. Operate a gas-filled detector for area surveys.	8/4/08	RC/SE
6. Perform a Xenon-133 ventilation study.	8/5/08	RC/dor
7. Perform a perfusion lung scan.	7-25-07	RC/KJ
8. Perform a renal scan.	8-7-08	RC/pld
9. Process a split renal function study.	7-28-08	RC/HW
10. Process a diuretic renal study.	7-25-07	RC/KJ
11. Acquire an RVG.	7-27-07	RC/JN
12. Process an RVG.	7-27-07	RC/JN
13. Perform a myocardial SPECT study.	7-27-07	RC/ML
*14 Check stability of thyroid uptake probe.	7.29.08	RC/BG
*15 Perform and calculate thyroid uptake.	8/7/08	RC/KS

* NRC essential

Robert Cargile
Resident's Signature

8/7/08
Date

Resident's Name: Robert Cargile

**NUCLEAR PHARMACY
PROFICIENCY EVALUATION
(Radiology Residents)**

	Task	Date	Resident/ Instructor Initials
*1.	Receiving radiopharmaceuticals and log results of package wipe tests and monitoring.	8/4/08	RC/SE
*2.	Generator elution using aseptic technique.		RC/SE
*3.	Assay the generator eluate aliquot using a dose calibrator to determine concentration and total eluate activity.		RC/SE
*4.	Note how the generator assay results and time are recorded in the computer record.		RC/SE
*5.	Eluate checks performed for radionuclidic purity and aluminum contamination and recording of the results.		RC/SE
*6.	Determine within activity limits the total volume and radioactivity to be added to a radiopharmaceutical kit. Record the volume of the generator eluate used.		RC/SE
*7.	Preparation of radiopharmaceutical kit including assay for each lot of material.		RC/SE
*8.	Determine total activity assay in radiopharmaceutical reaction vial using a dose calibrator and the subtraction method.		RC/SE
*9.	Assess all radiopharmaceutical preparation for proper pH, color, clarity, and particle size (if appropriate) and record on radiopharmaceutical assay form.		RC/SE
*10.	Determine elapsed time between initial and required assay of a radiopharmaceutical for quantification of activity		RC/SE
*11.	Calculate activity concentration remaining using the appropriate decay factor for time elapsed.		RC/SE

Cargile

Nuclear Medicine Proficiency Form- Pharmacy

*12.	Calculate activity to be administered for diagnostic procedures.	8/4/08	RC/shc
*13.	Dose-drawing of the radiopharmaceutical into a syringe, using aseptic technique and proper radiation safety precautions.		RC/shc
*14.	Note appropriate radiopharmaceutical record keeping for the dispensed dose.		RC/shc
*15.	Observe & discuss proper radioactive waste storage including holding method for decay in storage.		RC/shc
*16.	Daily constancy of response for dose calibrator and how to determine that response is within acceptable limits.		RC/shc
*17.	Discuss accuracy testing of dose calibrator using acceptable reference standards.		RC/shc
*18.	Discuss linearity testing of the dose calibrator over the entire range of radionuclide activity to be measured.		RC/shc
*19.	Discuss use of Calicheck tubes for linearity testing of the dose calibrator.		RC/shc

* NRC essential

Robert Cargile
Resident's Signature

8/7/08
Date

This is to acknowledge the receipt of your letter/application dated

3/26/2010, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 47-19142-01
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** 144607.
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 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader