

May 10, 2010

U. S. Nuclear Regulatory Commission Materials Licensing Section 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

Dear Sir or Madam:

Deaconess Hospital would like to amend its NRC Byproduct Materials License, Number 13-00142-02, to add Janine E. Morris, M.D. and Craig A. Triola, M.D. as Authorized Users of materials licensed under 10 CFR 35.100, 35.200, and 35.392. Drs. Morris and Triola are certified by the American Board of Radiology and are "AU Eligible". Enclosed are copies of their ABR certificates as well as NRC Form 313A(aud) and NRC Form 313A(aut).

If there are any questions concerning this license amendment request, please contact our nuclear medicine physicist, Patrick Byrne, DABR, CHP, DABSNM, at 1-877-317-5811.

Sincerely,

Susan Brumley, R.T. (R)(CT)

Susa Bunk



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 Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine
Hereby certifies that

### Janine Elaine Morris, 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 third day of June, 2009

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

Diagnostic Radiology

M. Reed Deservish, M.S.

Richard 1. Morin

Hay Pelay M

Certificate No. 58806

AH Fligible

Halid through 2019

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 Radiation Oncology, the Association of University Radiologists, and the American Association of Physicists in Medicine

Hereby certifies that

# Craig Albert Triola, MI

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 third day of June, 2009

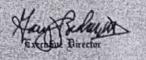
Thereby demonstrating to the satisfaction of the Board that he is qualified to practice the specialty of

Diagnostic Radiology

AM Fligible



M. Reed Dennielo, MS Richard Monin





NRC	<b>FORM</b>	313A	(AUD)
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U.S. NUCLEAR REGULATORY COMMISSION

(3-2009)

# AUTHORIZED USER TRAINING AND EXPERIENCE

AND PRECEPTO (for uses defined under 35 [10 CFR 35.190, 35	R ATTESTATION 5.100, 35.200, and 35.500)	APPROVED BY EXPIRES: 3/31	OMB: NO. 3150-0120 /2012
Name of Proposed Authorized User	State or Territory Where Lic	ensed	
Janine E. Morris, M.D.	Indiana		
Requested Authorization(s) (check all that ap	•		
/ 35.100 Uptake, dilution, and excretion stu	ıdies		
/ 35.200 Imaging and localization studies			
35.500 Sealed sources for diagnosis (spe	ecify device	)	
	T I TRAINING AND EXPERIENCE ct one of the three methods below)		
Training and Experience, including board the date of application or the individual mu- the required training and experience was of education and experience related to the use	ist have obtained related continuing educ completed. Provide dates, duration, and	ation and experie	nce since
1. Board Certification			
a. Provide a copy of the board certificat	ion.		
<ul> <li>b. If using only 35.500 materials, stop h Preceptor Attestation.</li> </ul>	ere. If using 35.100 and 35.200 materia	ls, skip to and con	nplete Part II
2. Current 35.390 Authorized User Se	eking Additional 35.290 Authorization		
<ul> <li>a. Authorized user on Materials License State requirements seeking authorized.</li> <li>b. Supervised Work Experience. (If more than one supervising individation copies of this section.)</li> </ul>		work experience,	provide multiple
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 lis authorized user	sting supervising inc	fividual as an
	ow, or equivalent Agreement State require	ements (check all	that apply).

. Training and Experience for Propos	sed 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 (not required for 35.590)			
Radiation biology			
	Total Hours of Training:		
	etion of this table is not required for 35.590 ual is necessary to document supervised v n.)		
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		Yes No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper		Yes No	

Type of Training	Location and Dates
	Type of Training

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

			PART II – PREC	EPTOR ATTESTATIO	N	
Note:	individual as long one preceptor is	g as the precep necessary to d	tor provides, direc	cts, or verifies training ance, obtain a separate ¡	or does not have to be the and experience required preceptor statement fror	I. If more than
				testing that the individu 's "general clinical com	al has knowledge to fulf petency."	ill the duties of the
The second second	Section one of the follow	ving for each ι	use requested:			
<u>For</u>	35.190					
	Board Certification	<u>on</u>				
	√ I attest that	Janine E. Morr	is, M.D.	has satisfactorily co	ompleted the requiremen	nts in
		·	osed Authorized User			
				el of competency suffici ed under 10 CFR 35.10	ient to function independ 00.	dently as an
				OR		
	Training and Exp	<u>oerience</u>				
	I attest that	Name of Propo	osed Authorized User	has satisfactorily co	ompleted the 60 hours o	f training and
	35.190(c)(1),	and has achie	ved a level of com		atory training, required bunction independently as 00.	
For	35.290					
	Board Certification	on				
	✓ I attest that	Janine E. Morr	is, M.D.	has satisfactorily co	ompleted the requiremen	nts in
		90(a)(1) and ha	as achieved a leve	el of competency suffici ed under 10 CFR 35.10	ient to function independ 00 and 35.200.	dently as an
				OR		
	Training and Exp	<u>perience</u>				
	I attest that			has satisfactorily co	ompleted the 700 hours	of training
		Name of Propo	osed Authorized User			
	CFR 35.290(	c)(1), and has	achieved a level o		laboratory training, requ t to function independer 00 and 35.200.	
	d Section lete the following	for preceptor	attestation and	signature:		************
	✓ I meet the re	quirements bel	ow, or equivalent	Agreement State requi	rements, as an authoriz	ed user for:
	<b>√</b> 35.190	<b>√</b> 35.290	35.390	35.390 + genera	ator experience	
Name o	of Preceptor		Signature	/	Telephone Number	Date
	utkowski, M.D.		), Pho	4	812-4503471	4/29/10
License	e/Permit Number/Fac	cility Name	5000		, , ,	

Deaconess Hospital/13-00142-02

### NRC FORM 313A (AUT) (3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

#### **AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION** (for uses defined under 35.300)

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012

		[10 CFR 35.390,	35.392, 35.394,				
Name o	f Propose	ed Authorized User		State or Territory Wh	ere License	ed	
Janine H	E. Morris	, M.D.		Indiana			
Reques	sted Aut	horization(s) (check all	that apply):			2	
	35.300	Use of unsealed bypr	oduct material for w	hich a written directive	is require	ed	
OR							
✓ :	35.300	Oral administration of 1.22 gigabecquerels		1 requiring a written di	rective in o	quantities less tha	an or equal to
	35.300	Oral administration of gigabecquerels (33 m		1 requiring a written di	rective in o	quantities greater	r than 1.22
	35.300	Parenteral administra than 150 keV for which		itter, or photon-emitting is required	g radionud	clide with a photo	n energy less
	35.300	Parenteral administra	tion of any other rac	dionuclide for which a	written dire	ective is required	
				ING AND EXPERIENC e three methods belo			
of a	applicati perience	nd Experience, including to the individual must was completed. Prove the checked above.	ist have related con	tinuing education and	experience	e since the requir	red training and
		<u>Certification</u>					
a.	Provide	e a copy of the board c	ertification.				
b.		390, provide documen d to document this exp		d clinical case experier	nce. The t	able in section 3	.c. may
C.	and su	396, provide documen pervised clinical case e ent this experience.					
d.	Skip to	and complete Part II F	receptor Attestation	1.			
2.	Curren	t 35.300, 35.400, or 35	5.600 Authorized U	ser Seeking Addition	al Author	rization	
a.	Authoria	zed User on Materials	License		unde	er the requiremer	nts below or
	equival	lent Agreement State r	equirements (check	all that apply):			
	35.	390 35.392	35.394	35.490	35.69	10	
b.	require	ntly authorized for a sud d supervised case expence. Also provide con	erience. The table	in section 3.c. may be			nal
C.	docum- clinical	ntly authorized under a entation on classroom case experience. The ence. Also provide con	and laboratory train tables in sections 3	ing, supervised work e 3.a., 3.b., and 3.c. may	experience	e, and supervised	I

<ol> <li>Training and Experience for P</li> </ol>	roposed Authorized	<u>User</u> (continued)	
b. Supervised Work Experience	(continued)		
Supervising Individual		License/Permit Number listing supervising indi- authorized user	vidual as an
Supervising individual meets the apply)**:	•	or equivalent Agreement State requirements	(check all that
35.390 With experience a	administering dosages	of:	
	requiring a written dire	ective in quantities less than or equal to 1.22	
35.396 Oral Nal-131	in quantities greater th	nan 1.22 gigabecquerels (33 millicuries)	
Parenteral ad	ministration of beta-er nan 150 keV requiring	nitter, or photon-emitting radionuclide with a p a written directive is required	hoton
Parenteral ad	ministration of any oth	ner radionuclide requiring a written directive	
** Supervising Authorized User must h requesting authorized user status.	ave experience in administe	 ering dosages in the same dosage category or categories	as the individual
c. Supervised Clinical Case Exp If more than one supervising multiple copies of this page.  Description of Experience		y to document supervised work experience, p  Location of Experience/License or Permit  Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required		*	
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

#### 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 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

tun	iction independently as an authorized user for:
	Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
i i	Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
	Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	Parenteral administration of any other radionuclide requiring a written directive

Fourth Section					
For 35.396:					
<b>Current 35.490</b>	or 35.690 autho	rized user:			
I attest that			is an authorized us	ser under 10 CFR 35.49	0 or 35.690
	Name of Pro	posed Authorized User			
laboratory to experience	aining, as require	d by 10 CFR 35.39 6(d)(2), and has a	96 (d)(1), and the super	ted the 80 hours of class rvised work and clinical o petency sufficient to func	case
		of any beta-emitter written directive is		dionuclide with a photon	energy less
Parente	ral administration	of any other radion	nuclide for which a writt	en directive is required	
		(	OR		
<b>Board Certific</b>	ation:				
l attest that			has satisfactorily c	completed the board cert	ification
required by 35.396(d)(2 authorized u	is of 35.396(c), ha 10 CFR 35.396 (d ), and has achieve user for:	d)(1) and the super ed a level of comp	vised work and clinical etency sufficient to fund	f classroom and laborate case experience require ction independently as a	ed by n
		of any beta-emitter written directive is		dionuclide with a photon	energy less
Parente	al adminstration of	of any other radion	uclide for which a writte	en directive is required	
Fifth Section Complete the follow	ng for preceptor	attestation and s	signature:		
✓ I meet the requ	irements below, o	or equivalent Agree	ement State requiremen	nts, as an authorized use	er for:
35.390	✓ 35.392	35.394	35.396		
✓ I have experier requesting auti	_	dosages in the foll	owing categories for w	hich the proposed Autho	rized User is
Oral Nal-13 millicuries)	1 requiring a writt	en directive in qua	ntities less than or equ	al to 1.22 gigabecquerel	s (33
Oral Nal-13	1 in quantities gre	eater than 1.22 giga	abecquerels (33 millicu	ries)	
		peta-emitter, or pho irective is required	oton-emitting radionucli	de with a photon energy	less than
Parenteral a	administration of a	any other radionucl	ide requiring a written		
Name of Preceptor		Signature	/ _	Telephone Number	Date
John Sutkowski, M.D.		Defort		Telephone Number 8/2 470 347/	4/4/6
License/Permit Number/	Facility Name			7011	(1 4 (
Deaconess Hospital/13-00	142-02				

### NRC FORM 313A (AUT) (3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

### **AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION** (for uses defined under 35.300)

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012

	[10 CFR 35.390, 35.392, 35.3	94, and 35.396]	
Name of Propos	ed Authorized User	State or Territory Where	e Licensed
Craig A. Triola, l	M,D.	Indiana	
Requested Aut	thorization(s) (check all that apply):		
35.300	Use of unsealed byproduct material	for which a written directive is	s required ·
OR			
<b>√</b> 35.300	Oral administration of sodium iodide 1.22 gigabecquerels (33 millicuries)	I-131 requiring a written direct	ctive in quantities less than or equal to
35.300	Oral administration of sodium iodide gigabecquerels (33 millicuries)	I-131 requiring a written direct	ctive in quantities greater than 1.22
35.300	Parenteral administration of any beta than 150 keV for which a written dire		radionuclide with a photon energy less
35.300	Parenteral administration of any other	er radionuclide for which a wr	itten directive is required
		RAINING AND EXPERIENCE of the three methods below	
experience to the uses  ✓ 1. Board  a. Provide		ation, and description of contir	reperience since the required training and nuing education and experience related
be use c. For 35 and su	and to document this experience.  396, provide documentation on classification of cl	room and laboratory training,	supervised work experience,
	and complete Part II Preceptor Attest	tation.	
2. Curren	t 35.300, 35.400, or 35.600 Authorize	ed User Seeking Additional	Authorization
	zed User on Materials License		under the requirements below or
equiva	lent Agreement State requirements (ca	heck all that apply):	
35.	.390 35.392 35.39	94 35.490	35.690
require	ently authorized for a subset of clinical ed supervised case experience. The talence. Also provide completed Part II F	able in section 3.c. may be us	
docum clinical	ently authorized under 35.490 or 35.69 nentation on classroom and laboratory I case experience. The tables in section ence. Also provide completed Part II F	training, supervised work expons 3.a., 3.b., and 3.c. may b	perience, and supervised

	renegad Authorized Hear		
Classroom and Laboratory Train	roposed Authorized User ning 35.390 35.392	35.394	5.396
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection		٠	
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
Т	otal Hours of Training:		
If more than one supervising incoof this page.  Supervised Work Experience	dividual is necessary to document supervised  Total Hours of		ıltiple copies
	Experience:		
Description of Experience  Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of
Must molude.	. Ormit Hambor or Lability	Commi	Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	, on mercanists or asing	Yes	Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys  Performing quality control	, on manager or a comp	Yes No	Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		Yes	Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys  Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of		Yes No Yes	Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys  Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters  Calculating, measuring, and safely preparing patient or human research subject		Yes No Yes No	Experience

Training and	Experience for Pr	oposed Authorized	User (continued)		
b. Supervise	ed Work Experience	(continued)			
Supervising Individual			License/Permit Number listing supervising individual as an authorized user		
Supervising i apply)**:	ndividual meets the	requirements below,	or equivalent Agreement State requirements	(check all that	
35.390	With experience a	idministering dosages	s of:		
35.392 Oral Nal-131 requiring a written dire			ective in quantities less than or equal to 1.22		
35.394		•	nan 1.22 gigabecquerels (33 millicuries)		
35.396	energy less th	an 150 keV requiring	mitter, or photon-emitting radionuclide with a p a written directive is required	hoton	
	Parenteral adı	ministration of any oth	ner radionuclide requiring a written directive		
** Supervising	Authorized User must hauthorized user status.	ave experience in administr	ering dosages in the same dosage category or categories	as the individual	
multiple c	opies of this page.	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*	
iodide I-131 r directive in q	tration of sodium requiring a written uantities less than .22 gigabecquerels s)				
iodide I-131 i directive in q	tration of sodium requiring a written uantities greater abecquerels (33				
any beta-emi photon-emitti with a photor	ing radionuclide n energy less than which a written				
any other rac	dministration of dionuclide for en directive is				
(List	radionuclides)				

	FORM 313A (AI	UT)		U.S. NUCLEAR REGULATORY COMMISSION			
3-200	•	RIZED USER TRAINI	NG AND EXPERIENCI	E AND PRECEPTOR ATTESTATION (continued)			
3.	Training and	Training and Experience for Proposed Authorized User (continued)					
	c. Supervised Clinical Case Experience (continued)						
	Supervising Individual			License/Permit Number listing supervising individual as an authorized user			
	Supervising apply)**:	individual meets the r	equirements below, or e	equivalent Agreement State requirements (check all that			
	35.390 With experience administering dosages of:						
	35.392 Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)						
	35.396		•	1.22 gigabecquerels (33 millicuries)			
			renteral administration of beta-emitter, or photon-emitting radionuclide with a photon ergy less than 150 keV requiring a written directive is required				
		Parenteral adm	inistration of any other i	radionuclide requiring a written directive			
	** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.						
	d. Provide o	completed Part II Prec	eptor Attestation.				
_							
	PART II – PRECEPTOR ATTESTATION						
Not	individua	l as long as the prece	ptor provides, directs, o	otor. The preceptor does not have to be the supervising r verifies training and experience required. If more than obtain a separate preceptor statement from each.			
				g that the individual has knowledge to fulfill the duties of the eneral clinical competency."			
	st Section	e following for each	requested authorization	on:			
	For 35.390:						
	Board Co	ertification					
	l atte	I attest that		has satisfactorily completed the training and experien			
		Name of F	Proposed Authorized User				
	requirements in 35.390(a)(1).						
			OF	₹			
	<u>Training</u>	and Experience		*			
	☐ I atte	st that		has satisfactorily completed the 700 hours of training			
	Same of		Proposed Authorized User				

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by  $10\ \text{CFR}\ 35.390\ (b)(1)$ .

energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

	ING AND EXPERIENCE AND	FRECEPTOR ATTESTATION (CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Fourth Section							
<u>For 35.396:</u>							
Current 35.490 or 35.690 auth	Current 35.490 or 35.690 authorized user:						
I attest that		authorized user under 10 CFR 35.4	90 or 35.690				
	roposed Authorized User						
laboratory training, as requir experience required by 35.3	or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:						
	Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required						
Parenteral administration	Parenteral administration of any other radionuclide for which a written directive is required						
	OR						
Board Certification:							
I attest that		atisfactorily completed the board ce	rtification				
requirements of 35.396(c), F required by 10 CFR 35.396	Name of Proposed Authorized User requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:						
	Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required						
Parenteral adminstration	of any other radionuclide for	which a written directive is required					
Fifth Section Complete the following for precepto	or attestation and signature:						
✓ I meet the requirements below,	or equivalent Agreement Stat	e requirements, as an authorized u	ser for:				
35.390	35.394 35.3	396					
I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.							
Oral Nal-131 requiring a wri millicuries)	Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)						
Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)							
Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required							
Parenteral administration of any other radionuclide requiring a written directive							
Name of Preceptor	Signature 0//	Telephone Number	Date				
John Sutkowski, M.D.	Joball	812 450 347/	4/2910				
License/Permit Number/Facility Name			11 /				
Deaconess Hospital/13-00142-02							

## NRC FORM 313A (AUD) (3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

# **AUTHORIZED USER TRAINING AND EXPERIENCE**

APPROVED BY OMB: NO. 3150-0120

as at Danas and Assits at a state	01-1	o or Torriton, Mhana I in	od	
ne of Proposed Authorized User	Stat	e or Territory Where Licens	ea	
		A		
quested Authorization(s) (check all that a				
35.100 Uptake, dilution, and excretion s				
35.200 Imaging and localization studies			/*	
35.500 Sealed sources for diagnosis (sp	pecity device		)	
	RT I TRAINING AI ect one of the three			
Fraining and Experience, including board he date of application or the individual me he required training and experience was reducation and experience related to the	nust have obtained re completed. Provide	elated continuing education dates, duration, and des	n and experier	nce since
1. Board Certification				
a. Provide a copy of the board certifica	ation.			
b. If using only 35.500 materials, stop Preceptor Attestation.	here. If using 35.10	0 and 35.200 materials, s	kip to and com	plete Part II
Current 35.390 Authorized User S     Authorized user on Materials Licens     State requirements seeking authorized	se	5.290 Authorization meeting 10 CFR 35.	390 or equival	ent Agreemer
<ul> <li>a. Authorized user on Materials Licens State requirements seeking authoris</li> <li>b. Supervised Work Experience, (If more than one supervising indivisor) copies of this section.)</li> </ul>	se zation for 35.290. dual is necessary to	meeting 10 CFR 35.	rk experience,	provide multi
<ul> <li>a. Authorized user on Materials Licens State requirements seeking authorizes</li> <li>b. Supervised Work Experience, (If more than one supervising indivision)</li> </ul>	se zation for 35.290. dual is necessary to Location of Ex	meeting 10 CFR 35.	·	-
<ul> <li>a. Authorized user on Materials Licens State requirements seeking authoris</li> <li>b. Supervised Work Experience, (If more than one supervising indivisor) copies of this section.)</li> </ul>	se zation for 35.290. dual is necessary to Location of Ex	meeting 10 CFR 35.  document supervised wo	rk experience,	provide multip
a. Authorized user on Materials Licens State requirements seeking authoris b. Supervised Work Experience, (If more than one supervising indivicopies of this section.)  Description 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	se zation for 35.290. dual is necessary to Location of Ex	meeting 10 CFR 35.  document supervised wo perience/License or mber of Facility	rk experience,	provide multi
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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			Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			Yes	

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)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

and Dates
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d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

#### **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."						
	ection one of the follow	ving for each u	se requested:				
For	35.190						
	Board Certification	<u>on</u>					
	√ I attest that	Craig A. Triola,	M.D.	has satisfactorily co	impleted the requirements in		
		•	sed Authorized User				
				of competency sufficient of competency sufficient of the competency sufficiency of the competency of the competency sufficiency of the competency sufficiency of the competency sufficiency of the competency sufficiency of the competency of the com	ent to function independently as an 00.		
				OR			
	Training and Exp	<u>oerience</u>					
	I attest that  Name of Proposed Authorized User			has satisfactorily co	impleted 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.						
For	35.290						
	Board Certification	on					
	✓ I attest that Craig A. Triola, M.D.			has satisfactorily co	mpleted the requirements in		
		•	osed 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 Exp	<u>berience</u>					
	I attest that			has satisfactorily completed the 700 hours of tr			
	CFR 35.290(	ce, including a cc)(1), and has a	chieved a level of		aboratory training, required by 10 to function independently as an 00 and 35.200.		
Secon	d Section						
Compl	ete the following	for preceptor	attestation and s	ignature:	6		
	✓ I meet the re	quirements belo	ow, or equivalent A	greement State requir	rements, as an authorized user for:		
	✓ 35.190	<b>√</b> 35.290	35.390	35.390 + genera	ator experience		
	f Preceptor		Signature		Telephone Number Date		
		2124 - 8.2	10 471		812-450-341 4/29/10		

License/Permit Number/Facility Name

Deaconess Hospital/13-00142-02

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