

December 29, 1963

RE. License No. 47 17199 01

Please amend our NRC byproduct license to include Dr. Steven W. Walter as an authorized user for Technetium 99m for cardiac imaging. Documentation of Dr. Walter's training and experience is enclosed.

Sincerely,

And' L. K.

David Stark
Executive Director

ON 10/10/1964

Source: 10/10/74 (Amend)

[illegible]

APPLICATION FOR MATERIAL LICENSE

RELATIONSHIP BETWEEN LICENSEE AND THE NRC
LICENSEE'S ORGANIZATION SHOULD BE SHOWN 22.33 U.S. NUCLEAR
REGULATORY COMMISSION, WASHINGTON, D.C. 20545, AND TO THE
FACILITY TO BE LICENSED 22.33 U.S. NUCLEAR
REGULATORY COMMISSION, WASHINGTON, D.C. 20545

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 PRE APPLICATION WITH

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20545

ALL OTHER PERSONS PRE APPLICATION AS FOLLOWS

IF YOU ARE LOCATED IN

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND,
MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA,
RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545
ATTENTION: ENR-100

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA,
FLORIDA, SOUTH CAROLINA, TENNESSEE, VIRGINIA, WYOMING, OR
WEST VIRGINIA, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545
ATTENTION: ENR-100

IF YOU ARE LOCATED IN

ILLINOIS, IOWA, KANSAS, MINNESOTA, MISSOURI, OHIO, OR
WISCONSIN, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545
ATTENTION: ENR-100

ARIZONA, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA,
NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH,
OR WYOMING, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545
ATTENTION: ENR-100

ALABAMA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON,
AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS
TO

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545
ATTENTION: ENR-100

PERSONS LOCATED IN ALABAMA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUCH AS

1. THIS IS AN APPLICATION FOR (check appropriate item):	2. NAME AND MAILING ADDRESS OF APPLICANT (includes Zip Code)
☐ A. NEW LICENSE ☐ B. AMENDMENT TO LICENSE NUMBER <u>47-17199-01</u> ☐ C. RENEWAL OF LICENSE NUMBER _____	Greenbrier Valley Medical Center Nuclear Medicine Department P.O. Box 219 S. Davis Street Hancock, WV 24970

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED
Greenbrier Valley Medical Center Nuclear Medicine Department P.O. Box 219 S. Davis Street Hancock, WV 24970 (Additional line if needed)

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION	TELEPHONE NUMBER
Leroy M. Stecker, Consultant, NMA Medical Physics Consultant (412) 291-6113	(412) 291-6113

SUBMIT ITEMS 5 THROUGH 12 ON ENR-177 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 processed 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 AND EXPERIENCE	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS
9. FACILITIES AND EQUIPMENT	10. RADIATION SAFETY PROGRAM
11. WASTE MANAGEMENT	12. LICENSEE FEES (See 10 CFR 170 and Section 170.311) FEE CATEGORY: <u>7C</u> AMOUNT: <u>\$ 500.00</u>

13. CERTIFICATION (shall 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 20, 22, 33, 34, 35, 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 1001A, 18 U.S.C. 1001, 18 U.S.C. 1003, 18 U.S.C. 1004, 18 U.S.C. 1005, 18 U.S.C. 1006, 18 U.S.C. 1007, 18 U.S.C. 1008, 18 U.S.C. 1009, 18 U.S.C. 1010, 18 U.S.C. 1011, 18 U.S.C. 1012, 18 U.S.C. 1013, 18 U.S.C. 1014, 18 U.S.C. 1015, 18 U.S.C. 1016, 18 U.S.C. 1017, 18 U.S.C. 1018, 18 U.S.C. 1019, 18 U.S.C. 1020, 18 U.S.C. 1021, 18 U.S.C. 1022, 18 U.S.C. 1023, 18 U.S.C. 1024, 18 U.S.C. 1025, 18 U.S.C. 1026, 18 U.S.C. 1027, 18 U.S.C. 1028, 18 U.S.C. 1029, 18 U.S.C. 1030, 18 U.S.C. 1031, 18 U.S.C. 1032, 18 U.S.C. 1033, 18 U.S.C. 1034, 18 U.S.C. 1035, 18 U.S.C. 1036, 18 U.S.C. 1037, 18 U.S.C. 1038, 18 U.S.C. 1039, 18 U.S.C. 1040, 18 U.S.C. 1041, 18 U.S.C. 1042, 18 U.S.C. 1043, 18 U.S.C. 1044, 18 U.S.C. 1045, 18 U.S.C. 1046, 18 U.S.C. 1047, 18 U.S.C. 1048, 18 U.S.C. 1049, 18 U.S.C. 1050, 18 U.S.C. 1051, 18 U.S.C. 1052, 18 U.S.C. 1053, 18 U.S.C. 1054, 18 U.S.C. 1055, 18 U.S.C. 1056, 18 U.S.C. 1057, 18 U.S.C. 1058, 18 U.S.C. 1059, 18 U.S.C. 1060, 18 U.S.C. 1061, 18 U.S.C. 1062, 18 U.S.C. 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U.S.C. 1501, 18 U.S.C. 1502, 18 U.S.C. 1503, 18 U.S.C. 1504, 18 U.S.C. 1505, 18 U.S.C. 1506, 18 U.S.C. 1507, 18 U.S.C. 1508, 18 U.S.C. 1509, 18 U.S.C. 1510, 18 U.S.C. 1511, 18 U.S.C. 1512, 18 U.S.C. 1513, 18 U.S.C. 1514, 18 U.S.C. 1515, 18 U.S.C. 1516, 18 U.S.C. 1517, 18 U.S.C. 1518, 18 U.S.C. 1519, 18 U.S.C. 1520, 18 U.S.C. 1521, 18 U.S.C. 1522, 18 U.S.C. 1523, 18 U.S.C. 1524, 18 U.S.C. 1525, 18 U.S.C. 1526, 18 U.S.C. 1527, 18 U.S.C. 1528, 18 U.S.C. 1529, 18 U.S.C. 1530, 18 U.S.C. 1531, 18 U.S.C. 1532, 18 U.S.C. 1533, 18 U.S.C. 1534, 18 U.S.C. 1535, 18 U.S.C. 1536, 18 U.S.C. 1537, 18 U.S.C. 1538, 18 U.S.C. 1539, 18 U.S.C. 1540, 18 U.S.C. 1541, 18 U.S.C. 1542, 18 U.S.C. 1543, 18 U.S.C. 1544, 18 U.S.C. 1545, 18 U.S.C. 1546, 18 U.S.C. 1547, 18 U.S.C. 1548, 18 U.S.C. 1549, 18 U.S.C. 1550, 18 U.S.C. 1551, 18 U.S.C. 1552, 18 U.S.C. 1553, 18 U.S.C. 1554, 18 U.S.C. 1555, 18 U.S.C. 1556, 18 U.S.C. 1557, 18 U.S.C. 1558, 18 U.S.C. 1559, 18 U.S.C. 1560, 18 U.S.C. 1561, 18 U.S.C. 1562, 18 U.S.C. 1563, 18 U.S.C. 1564, 18 U.S.C. 1565, 18 U.S.C. 1566, 18 U.S.C. 1567, 18 U.S.C. 1568, 18 U.S.C. 1569, 18 U.S.C. 1570, 18 U.S.C. 1571, 18 U.S.C. 1572, 18 U.S.C. 1573, 18 U.S.C. 1574, 18 U.S.C. 1575, 18 U.S.C. 1576, 18 U.S.C. 1577, 18 U.S.C. 1578, 18 U.S.C. 1579, 18 U.S.C. 1580, 18 U.S.C. 1581, 18 U.S.C. 1582, 18 U.S.C. 1583, 18 U.S.C. 1584, 18 U.S.C. 1585, 18 U.S.C. 1586, 18 U.S.C. 1587, 18 U.S.C. 1588, 18 U.S.C. 1589, 18 U.S.C. 1590, 18 U.S.C. 1591, 18 U.S.C. 1592, 18 U.S.C. 1593, 18 U.S.C. 1594, 18 U.S.C. 1595, 18 U.S.C. 1596, 18 U.S.C. 1597, 18 U.S.C. 1598, 18 U.S.C. 1599, 18 U.S.C. 1600, 18 U.S.C. 1601, 18 U.S.C. 1602, 18 U.S.C. 1603, 18 U.S.C. 1604, 18 U.S.C. 1605, 18 U.S.C. 1606, 18 U.S.C. 1607, 18 U.S.C. 1608, 18 U.S.C. 1609, 18 U.S.C. 1610, 18 U.S.C. 1611, 18 U.S.C. 1612, 18 U.S.C. 1613, 18 U.S.C. 1614, 18 U.S.C. 1615, 18 U.S.C. 1616, 18 U.S.C. 1617, 18 U.S.C. 1618, 18 U.S.C. 1619, 18 U.S.C. 1620, 18 U.S.C. 1621, 18 U.S.C. 1622, 18 U.S.C. 1623, 18 U.S.C. 1624, 18 U.S.C. 1625, 18 U.S.C. 1626, 18 U.S.C. 1627, 18 U.S.C. 1628, 18 U.S.C. 1629, 18 U.S.C. 1630, 18 U.S.C. 1631, 18 U.S.C. 1632, 18 U.S.C. 1633, 18 U.S.C. 1634, 18 U.S.C. 1635, 18 U.S.C. 1636, 18 U.S.C. 1637, 18 U.S.C. 1638, 18 U.S.C. 1639, 18 U.S.C. 1640, 18 U.S.C. 1641, 18 U.S.C. 1642, 18 U.S.C. 1643, 18 U.S.C. 1644, 18 U.S.C. 1645, 18 U.S.C. 1646, 18 U.S.C. 1647, 18 U.S.C. 1648, 18 U.S.C. 1649, 18 U.S.C. 1650, 18 U.S.C. 1651, 18 U.S.C. 1652, 18 U.S.C. 1653, 18 U.S.C. 1654, 18 U.S.C. 1655, 18 U.S.C. 1656, 18 U.S.C. 1657, 18 U.S.C. 1658, 18 U.S.C. 1659, 18 U.S.C. 1660, 18 U.S.C. 1661, 18 U.S.C. 1662, 18 U.S.C. 1663, 18 U.S.C. 1664, 18 U.S.C. 1665, 18 U.S.C. 1666, 18 U.S.C. 1667, 18 U.S.C. 1668, 18 U.S.C. 1669, 18 U.S.C. 1670, 18 U.S.C. 1671, 18 U.S.C. 1672, 18 U.S.C. 1673, 18 U.S.C. 1674, 18 U.S.C. 1675, 18 U.S.C. 1676, 18 U.S.C. 1677, 18 U.S.C. 1678, 18 U.S.C. 1679, 18 U.S.C. 1680, 18 U.S.C. 1681, 18 U.S.C. 1682, 18 U.S.C. 1683, 18 U.S.C. 1684, 18 U.S.C. 1685, 18 U.S.C. 1686, 18 U.S.C. 1687, 18 U.S.C. 1688, 18 U.S.C. 1689, 18 U.S.C. 1690, 18 U.S.C. 1691, 18 U.S.C. 1692, 18 U.S.C. 1693, 18 U.S.C. 1694, 18 U.S.C. 1695, 18 U.S.C. 1696, 18 U.S.C. 1697, 18 U.S.C. 1698, 18 U.S.C. 1699, 18 U.S.C. 1700, 18 U.S.C. 1701, 18 U.S.C. 1702, 18 U.S.C. 1703, 18 U.S.C. 1704, 18 U.S.C. 1705, 18 U.S.C. 1706, 18 U.S.C. 1707, 18 U.S.C. 1708, 18 U.S.C. 1709, 18 U.S.C. 1710, 18 U.S.C. 1711, 18 U.S.C. 1712, 18 U.S.C. 1713, 18 U.S.C. 1714, 18 U.S.C. 1715, 18 U.S.C. 1716, 18 U.S.C. 1717, 18 U.S.C. 1718, 18 U.S.C. 1719, 18 U.S.C. 1720, 18 U.S.C. 1721, 18 U.S.C. 1722, 18 U.S.C. 1723, 18 U.S.C. 1724, 18 U.S.C. 1725, 18 U.S.C. 1726, 18 U.S.C. 1727, 18 U.S.C. 1728, 18 U.S.C. 1729, 18 U.S.C. 1730, 18 U.S.C. 1731, 18 U.S.C. 1732, 18 U.S.C. 1733, 18 U.S.C. 1734, 18 U.S.C. 1735, 18 U.S.C. 1736, 18 U.S.C. 1737, 18 U.S.C. 1738, 18 U.S.C. 1739, 18 U.S.C. 1740, 18 U.S.C. 1741, 18 U.S.C.

**EXHIBIT 2
SUPPLEMENT A**

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER - Steven LAYNE WALTER			2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED WV	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Internal Medicine		9/87		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION				
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
^{99m}Tc	29	> University of Virginia Hospitals	200	Diagnostic Studies
²⁰¹Tl	3.5			

**EXHIBIT 3
SUPPLEMENT B**

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS FULL NAME STREET ADDRESS CITY STATE ZIP CODE		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVein shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.	160	
Cardiac stress ventriculogram			
Cardiac rest ventriculogram	30		
Gallium scan			

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER

Steven Wayne WALTER

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
A-32 (Berkhoff)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
A-32 (Kendall)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Am-106	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
P-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Co-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-112/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION

DATES

CLOCK HOURS OF EXPERIENCE

University of Virginia Hospitals
Charlottesville, Va 2

2/93-12/93

200

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

CHARLES D. TEATES

b. NAME OF INSTITUTION

UNIV. OF VA. HOSPITALS

c. MAILING ADDRESS

Box 488, UVA.

d. CITY

Charlottesville, VA 22908

e. MATERIALS LICENSE NUMBER

45000 34-26

5. PRECEPTOR'S SIGNATURE

George A. Beller / Cardiology
Preceptor
Charles D. Teates Program Director

2. PRECEPTOR'S NAME

George A. Beller, M.D.
University of Virginia
Health Sciences CenterCardiovascular Division/ Box 158
Charlottesville, VA 22908-0001

3. DATE

12/2/93

**EXHIBIT 2
SUPPLEMENT A**

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER STEVEN W. WALTER, MD		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED WV		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Internal Medicine		9/87		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION				
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
^{99m}Tc	28	Greenbrier Valley Medical Center	300	Diagnostic Studies
²⁰¹Tl	3	Greenbrier Valley Medical Center		

SUPPLEMENT B

SUPPLEMENT

U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS

FULL NAME

Steven W WALTER, M.D.

STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Sacryocystogram		
	Cardiac perfusion scan.	300	
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram	5	
	Gallium scan		

PROPOSED PHYSICIAN USER

STEVEN W. WALTER, MD

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Gaucher)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colonect)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Co-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION

DATES

CLOCK HOURS OF EXPERIENCE

Greenbrier Valley Medical Center
Fairlea, WV 24901

8/1/91

- 12/1/93

300

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

A. NAME OF SUPERVISOR

DAVID C. MAKI

B. NAME OF INSTITUTION

GREENBRIER VALLEY MED. CTR.

C. MAILING ADDRESS

FAIRLEA, WV 24901

D. CITY

FAIRLEA, WV

E. MATERIALS LICENSE NUMBER(S)

47-17199-01

5. PRECEPTOR'S SIGNATURE

David C. Maki

7. PRECEPTOR'S NAME (Print type or initials)

DAVID C. MAKI

8. DATE

11 / 22 / 93

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

Steven Walter, M.D.

2. FOR PHYSICIANS, STATE OR
TERRITORY WHERE LICENSED
West Virginia

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
b. RADIATION PHYSICS AND INSTRUMENTATION	200 Hour Nuclear Physician Licensing course held by NMA in Cleveland, Ohio on	100	
d. RADIATION PROTECTION	the following dates: Aug. 23-27, 1993 Sep. 20-24, 1993	30	
e. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Oct. 18-22, 1993 Nov. 15-19, 1993 "	20	
f. RADIATION BIOLOGY	"	20	
g. RADIOPHARMACEUTICAL CHEMISTRY	"	30	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

SUPPLEMENT B

SUPPLEMENT

U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS

FULL NAME

Steven Walter, M.D.

SIGINT ADDRESS

ΕΙΣ ΤΗΝ

STATE

ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1 Supervised examination of patients to determine the suitability for radiologic diagnosis and/or treatment and recommendation for prescribed dosage.

2 Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Lacrystocystogram		
	Cardiac perfusion scan.		
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram		
	Gallium scan		

PROPOSED PHYSICIAN USER

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	5	
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	5	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION

DATES

CLOCK HOURS OF EXPERIENCE

NMA
Cleveland, Ohio

Sept. 20-24, 1993

4

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE
WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

David Close

b. NAME OF INSTITUTION

NMA

c. MAILING ADDRESS

9457 Midwest Avenue

d. CITY

Cleveland, OH 44125

e. MATERIALS LICENSE NUMBER(S)

24-04206-07MD

5. PRECEPTOR'S SIGNATURE

David Close

7. PRECEPTOR'S NAME (Print type or print)

David Close
Manager of Training & Development

6. DATE

November 19, 1993