

Torres, RobertoJ

From: Ronald Frick [rfrick@gammacorp.com]
Sent: Friday, August 20, 2010 10:12 PM
To: Torres, RobertoJ
Subject: Re: Amendment request from North Hawaii Community Hospital (53-29099-01)
Attachments: wiesmann.pdf

Roberto,

The attached file includes Dr. Weismann's ABR certification, and completed forms 313A(aus) and 313A(aut). Please let me know if you need any additional information.

Thank you,

Ron Frick

>>> "Torres, RobertoJ" <RobertoJ.Torres@nrc.gov> 8/4/2010 5:11 AM >>>
Mr. Frick:

We have received the attached letter from North Hawaii Community Hospital requesting to add Kevin Weismann, M.D. as an authorized user for 10 CFR 35.100, 35.200 and sodium iodide I-131 greater than 33 mCi uses. The NRC Form 313A that was submitted is an outdated form (outdated content) and also its OMB approval expired on October 31, 2008. Furthermore the preceptor (Brian P. Mullan, M.D.) only attested that Dr. Weismann has achieved a level of competency sufficient to function independently as a 35.100 and 35.200 uses only (Dr. Mullan did not attest to Dr. Weismann's use of I-131). Therefore, please ask the licensee to re-submit the request using the attached updated NRC Form 313A(aus) and 313A(aut). Both forms need to be completed. One form is for 35.100 and 35.200, the other form is for I-131 uses. Thank you.

Roberto J. Torres
US NRC Region IV

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 Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicians in Medicine
 It hereby certifies that

Kevin Michael Miesmann, 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, 2008

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

Diagnostic Radiology



Certificate No. 55664

W. Lee Ramsey, MD
 President

Richard J. Moran
 Secretary-Treasurer

Walter R. Hargrett
 Executive Director



Valid through 2018

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)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

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

Name of Proposed Authorized User

Kevin M. Wiesmann, M.D.

State or Territory Where Licensed

Hawaii

Requested Authorization(s) (check all that apply):

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☐ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.300 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

☐ 35.300 Parenteral administration of any other radionuclide for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

- a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

- b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
- c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

✓ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☒ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Mayo Clinic College of Medicine Rochester, MN	110	June 2004-June 2008
Radiation protection	Mayo Clinic College of Medicine Rochester, MN	30	June 2004-June 2008
Mathematics pertaining to the use and measurement of radioactivity	Mayo Clinic College of Medicine Rochester, MN	35	June 2004-June 2008
Chemistry of byproduct material for medical use	Mayo Clinic College of Medicine Rochester, MN	20	June 2004-June 2008
Radiation biology	Mayo Clinic College of Medicine Rochester, MN	40	June 2004-June 2008

Total Hours of Training: 235

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☒ 35.394 ☐ 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	Mayo Clinic Rochester NRC License #22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	June 2004-June 2008
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Mayo Clinic Rochester NRC License #22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	June 2004-June 2008
Calculating, measuring, and safely preparing patient or human research subject dosages	Mayo Clinic Rochester NRC License #22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	June 2004-June 2008
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Mayo Clinic Rochester NRC License #22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	June 2004-June 2008
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Mayo Clinic Rochester NRC License #22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	June 2004-June 2008

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Brian P. Mullan, M.D.

NRC License #22-00519-03

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- ☒ 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)
- ☐ 35.394 ☒ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.396 ☐ 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

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	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)	16	Mayo Clinic Rochester NRC License #22-00519-03	June 2004-June 2008
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	4	Mayo Clinic Rochester NRC License #22-00519-03	June 2004-June 2008
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)			

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**3. Training and Experience for Proposed Authorized User (continued)****c. Supervised Clinical Case Experience (continued)**

Supervising Individual

Brian P. Mullan, M.D.

License/Permit Number listing supervising individual as an authorized user

NRC License #22-00519-03

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input type="checkbox"/> 35.396 | <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
| | <input type="checkbox"/> Parenteral administration of any other 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 completed 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.

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 requested authorization:

For 35.390:**Board Certification**

☐ I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR**Training and Experience**

☐ I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**Preceptor Attestation (continued)****First Section (continued)****For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that **Kevin M. Wiesmann, M.D.** has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☒ I attest that **Kevin M. Wiesmann, M.D.** has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-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

Third Section

☒ I attest that **Kevin M. Wiesmann, M.D.** has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-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

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**Fourth Section****For 35.396:****Current 35.490 or 35.690 authorized user:**

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

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 of any other radionuclide for which a written directive is required

OR**Board Certification:**

☐ I attest that _____ has satisfactorily completed the board certification

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 administration of any other radionuclide for which a written directive is required

Fifth Section**Complete the following for preceptor attestation and signature:**

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-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

Brian P. Mullan, M.D.

Signature

Brian P. Mullan

Telephone Number

507-284-9599

Date

08/11/2010

License/Permit Number/Facility Name

Mayo Clinic Rochester, NRC License #22-00519-03

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

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User

Kevin M. Wiesmann, M.D.

State or Territory Where Licensed

Hawaii

Requested Authorization(s) (check all that apply)

☒ 35.100 Uptake, dilution, and excretion studies☒ 35.200 Imaging and localization studies☐ 35.500 Sealed sources for diagnosis (specify device _____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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 listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

☐ 35.290☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**3. Training and Experience for Proposed 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 <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

- b. Supervised Work Experience** (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

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.

Device	Type of Training	Location and Dates

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

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 35.190Board Certification

☒ I attest that **Kevin Wiesmann, M.D.** 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.

ORTraining and Experience

☐ I attest that _____ 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 35.290Board Certification

☒ I attest that **Kevin Wiesmann, 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.

ORTraining 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
Brian P. Mullan, M.D.

Signature
Brian P Mullan

Telephone Number
507-284-9599

Date
08/11/2010

License/Permit Number/Facility Name
Mayo Clinic Rochester, NRC License #22-00519-03

Torres, RobertoJ

From: Torres, RobertoJ
Sent: Wednesday, August 04, 2010 10:12 AM
To: 'rfrick@gammacorp.com'
Subject: Amendment request from North Hawaii Community Hospital (53-29099-01)
Attachments: amendment request letter.pdf; nrc313a(aud).pdf; nrc313a(aud).pdf

Mr. Frick:

We have received the attached letter from North Hawaii Community Hospital requesting to add Kevin Weismann, M.D. as an authorized user for 10 CFR 35.100, 35.200 and sodium iodide I-131 greater than 33 mCi uses. The NRC Form 313A that was submitted is an outdated form (outdated content) and also its OMB approval expired on October 31, 2008. Furthermore the preceptor (Brian P. Mullan, M.D.) only attested that Dr. Weismann has achieved a level of competency sufficient to function independently as a 35.100 and 35.200 uses only (Dr. Mullan did not attest to Dr. Weismann's use of I-131). Therefore, please ask the licensee to re-submit the request using the attached updated NRC Form 313A(aus) and 313A(aud). Both forms need to be completed. One form is for 35.100 and 35.200, the other form is for I-131 uses. Thank you.

Roberto J. Torres
US NRC Region IV