

**American Association for Nuclear Cardiology, Inc.**  
*Professionals Dedicated to Diagnostic Accuracy*

20 August 2010

Robert J. Lewis, Director  
Division of Materials Safety and State Agreements  
Office of Federal and State Materials  
and Environmental Management Programs  
U.S. Nuclear Regulatory Commission  
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Dear Mr. Lewis:

Title 10 CFR has many references to training, classroom and laboratory. In particular, Sections 35.50(b)(1)(i), 35.55(b)(1)(i), 35.290(c)(1), 35.390(2)(b)(1), 35.392(c)(1), and 35.394(c)(1), all reference “classroom” training.

The Meriam-Webster Dictionary defines the word “classroom” as “a place where classes meet.”

The Internet website [WordNetWeb](#) defines the word “classroom” as “a room in a school where lessons take place.”

The Internet website [www.Answers.com](#) defines “classroom” as “a room or place, especially in a school, in which classes are conducted.”

The Internet website [Yourdictionary.com](#) defines “classroom” as “a room in a school or college in which classes are taught.”

The word “classroom” is clear in its meaning; i.e. that it is a physical room where classes or lessons (multiple) are conducted. All educators understand that this meaning implies structure, attendance, and supervision. Cognitive individuals also understand that the purpose of this educational environment is to achieve understanding, as presented by an instructor.

There should be no confusion that the educational and regulatory positions of the meaning of “classroom” concur; and that terminology that does not require the word “classroom” and simply states “instruction” or “instruction in...” is not identical to the implications of the term “classroom”.

Where Agreement States\* have examined non-classroom training, e.g., home study with materials, computers, Internet and/or combinations, they have determined the following:

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1. There is no validation of the number of hours of training. If a “preceptor” attests to the hours, they are either basing their attestation statement on ignorance – most frequently with ‘the program offered the hours’ testimony – from the physician being preceptored, to the preceptoring physician, to convince the preceptoring physician that the physician being preceptored really, in fact, and in deed, completed the required number of hours.

This is evidenced by the fact that the preceptor was not “there”, did not supervise or have knowledge of the actual hours, and thus cannot “really KNOW” if they were obtained. Of course, you now have, currently, today, as a result of these policies, a large number of second-generation “preceptors” -- i.e., those who never received the knowledge of the hours themselves –and who are themselves unaware of what is actually required, both of themselves and required of others whom they are now preceptoring second-hand! And this may even be continuing today into a third generation of doctors who have been preceptored by preceptors, but who are themselves ignorant of what is required in knowledge, through neglected, formal, verifiable and documented classroom training.

The NRC has been provided with documented, factual evidence and testimonies that there are currently operating “programs” that falsify the hours; i.e., 80 hours in “one weekend”, [think about this, 80 hours of training in one weekend, a physical impossibility in real time] but the NRC has elected to not aggressively pursue this blatant fraud.

2. There is no validation of the identity of the individual who purportedly participated in the training. Because there is no observation by the Instructor, there is no way to determine who is “sitting” in front of a computer, or if anyone is sitting in front of a computer. If they are accessible to the computer, what are they actually doing?
3. Contrary to the apparent NRC position, Agreement States\* do want to be assured that the individual being trained actually achieved a minimal level of knowledge to achieve ALARA compliance. These agencies want evidence that the level of knowledge is sufficient to reduce the risks to employees, workers, patients, and the public. There is no “self-administered” evaluation by any program, classroom or non-classroom, that will meet these criteria except a formal testing procedure, closed book, notes, mouth, and physically monitored by the Instructor, that results in in a documented pass/fail evaluation.

This type of conventional evaluation, established over centuries, is not possible except in a legitimate, classroom educational experience.

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We formally request that the NRC enforce the statutes and require that “classroom” be actual classroom instruction. This will elevate to new levels of irrationality, the current, potentially disastrously dangerous situation of issuing license authorizations to AU’s, RSO’s, pharmacists, physicists, etc. who have LITTLE or NO knowledge of the field of medical radioisotope administration and control.

However, if the NRC will not step up and clarify and enforce the “classroom” position, pending other action, and through other regulatory avenues and/or litigation, then all references to “classroom” in all Federal regulations will be forever changed, diluted and made irrelevant. The country, and its citizens, will be at much greater risk from individuals on licenses, and/or from terrorists and those sympathetic to terrorist interests, which is already a clear and present reality.

Sincerely,

Charles H. Rose, MA, MSPH, D(ABSNM)  
Executive Director

CHR:scn

Cc: Ms. Cindy Flannery  
U.S. Nuclear Regulatory Commission

\* Agreement State contact provided upon request. In the past, however, the NRC has failed to even inquire as to the findings of an Agreement State, but takes their responsibility seriously and has determined the non-classroom programs to be unacceptable.