Simmons, Michelle

From: Traci Hollingshead [thollingshead@medx-ray.com]
Sent: Tuesday, September 07, 2010 1:19 PM
To: Simmons, Michelle
Subject: Additional Information for Amendment Request RML# 40-19823-01
Attachments: NRC 313 a (RSO) 300 usetraining.pdf

Ms. Simmons-

Please find attached my training for 300 use material. You had requested that I send this to you for the amendment you are working on for Brookings Hospital RML # 40-19823-01. If you have any questions or need additional information you may contact me by email or at 605-310-0916.

Thank you,
Traci

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

U.S. NUCLEAR REGULATORY COMMISSION

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50]

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

Name of Proposed Radiation Safety Officer

Traci Hollingshead

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply)*:

✓ 35.100 ✓ 35.200 ✓ 35.300 35.400 35.500 35.600 (remote afterloader)

35.600 (teletherapy) 35.600 (gamma stereotactic radiosurgery) 35.1000 ( )

PART I -- TRAINING AND EXPERIENCE
(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

   c. Skip to and complete Part II Preceptor Attestation.

OR

✓ 2. **Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

   a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.

   b. Skip to and complete Part II Preceptor Attestation.

OR

3. **Structured Educational Program for Proposed Radiation Safety Officer**

   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			
Radiation biology			
Radiation dosimetry			

Total Hours of Training:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer** (continued)

b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer

This license authorizes the following medical uses:

35.100	35.200	35.300	35.400
35.500	35.600 (remote afterloader)		35.600 (teletherapy)
35.600 (gamma stereotactic radiosurgery)			35.1000 ( )

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Richard Massoth, Ph.D.	June 22, 2010 June 29, 2010 July 15, 2010
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer** (continued)

   c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual
Richard Massoth, Ph.D.	40-27764-01

License/Permit lists supervising individual as:

✓ Radiation Safety Officer Authorized User Authorized Nuclear Pharmacist

Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

✓ 35.100 ✓ 35.200 ✓ 35.300 35.400

35.500 35.600 (remote afterloader) 35.600 (teletherapy)

35.600 (gamma stereotactic radiosurgery) 35.1000 ( )

d. Skip to and complete Part II Preceptor Attestation.

OR

4. **Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

   a. Provide license number.

   b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

   c. 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.

First Section
Check one of the following:

1. **Board Certification**

   I attest that _____ has satisfactorily completed the requirements in
   Name of Proposed Radiation Safety Officer

   10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

✓ 2. **Structured Educational Program for Proposed Radiation Safety Officers**

   ✓ I attest that Traci Hollingshead has satisfactorily completed a structural educational
   Name of Proposed Radiation Safety Officer

   program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)
Check one of the following:

3. **Additional Authorization as Radiation Safety Officer**

I attest that _____ is an
Name of Proposed Radiation Safety Officer

Authorized User Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

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AND

Second Section
Complete for all ***(check all that apply)***:

✓ I attest that Traci Hollingshead, BS, CNMT, RT(N) has training in the radiation safety, regulatory issues, and
Name of ProposedRadiation Safety Officer
emergency procedures for the following types of use:

✓ 35.100

✓ 35.200

✓ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

✓ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

✓ 35.300 parenteral administration of any beta-emitter, or a 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

35.400

35.500

35.600 remote afterloader units

35.600 teletherapy units

35.600 gamma stereotactic radiosurgery units

35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

✓ I attest that Traci Hollingshead, BS, CNMT, RT(N) has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Midwest Regional Imaging Services, LLC
Name of Facility

License/Permit Number: 40-27764-01

Name of Preceptor	Signature	Telephone Number	Date
Richard Massoth, Ph.D.	R. J. Massoth, Ph.D.	(605) 310-8136	09/01/2010

ASSOCIATES IN MEDICAL PHYSICS, LLC
A NATIONAL MEDICAL PHYSICS CONSULTING GROUP

NATIONAL OFFICE
5258 TRANSPORTATION BLVD
CLEVELAND, OH 44125

www.medphysics.com

PHONE: (216) 663-3000
FAX: (216) 581-4361
V M: (800) 709-4835

This is to certify that

Traci Hollingshead

has completed all requirements for the Nuclear Physician Licensing Course. Associates in Medical Physics, LLC designates this continuing medical education activity for 200 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Dates attended:

September 12-21, 2003

October 17-26, 2003

Director of Training

October 26, 2003

Date

Associates in Medical Physics, LLC is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ASSOCIATES IN MEDICAL PHYSICS, LLC

THIS CERTIFIES THAT

Traci Hollingshead

HAS SUCCESSFULLY COMPLETED ALL REQUIREMENTS
FOR THE

200 HOUR
NUCLEAR PHYSICIAN LICENSING COURSE

AND IS HEREBY AWARDED THIS
CERTIFICATE OF COMPLETION

ON THIS Twenty-Sixth DAY OF October, 2003

DIRECTOR OF TRAINING

SUPPLEMENT A

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER	2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED
Traci Hollingshead	

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
a. RADIATION PHYSICS AND INSTRUMENTATION	200 Hour Nuclear Physician Licensing Course held by Associates in Medical Physics, LLC, 5288 Transportation Blvd, Cleveland, OH 44125 on the following dates:	100	
b. RADIATION PROTECTION	September 12-21, 2003 October 17-26, 2003	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	20	
d. RADIATION BIOLOGY	"	20	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	30	

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

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

SUPPLEMENT B

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

Traci Hollingshead

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 in 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	N/A	
	Thyroid uptake	N/A	
	Lung perfusion scan	N/A	
	Xenon ventilation study	N/A	
	Aerosol ventilation scan	N/A	
	Renal flow scan	N/A	
	Brain scan	N/A	
	Liver/spleen scan	N/A	
	Bone scan	N/A	
	Gastroesophageal study	N/A	
	LeVeen shunt study	N/A	
	Cystogram	N/A	
	Dacryocystogram	N/A	
	Cardiac perfusion scan	N/A	
	Cardiac stress ventriculogram	N/A	
	Cardiac rest ventriculogram	N/A	
	Gallium scan	N/A	

PROPOSED PHYSICIAN USER Traci Hollingshead

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 *(Soluble)*	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	N/A	
P-32 *(Colloidal)*	INTRACAVITARY TREATMENT	N/A	
I-131	TREATMENT OF THYROID CARCINOMA	N/A	
	TREATMENT OF HYPERTHYROIDISM	N/A	
Au-198	INTRACAVITARY TREATMENT	N/A	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	N/A	
	INTRACAVITARY TREATMENT	N/A	
I-125 or Ir-192	INTERSTITIAL TREATMENT	N/A	
Co-60 or Cs-137	TELETHERAPY TREATMENT	N/A	
Sr-90	TREATMENT OF EYE DISEASE	N/A	
	RADIOPHARMACEUTICAL PREPARATION	N/A	
Mo-99/ Tc-99m	GENERATOR	5	
Sn-113/ In-113m	GENERATOR	N/A	
Tc-99m	REAGENT KITS	5	
Other	ALUMINA TESTING	N/A	

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

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
Associates in Medical Physics, LLC Cleveland, Ohio	September 12-21, 2003 October 17-26, 2003	4

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

a. NAME OF SUPERVISOR
Frank Bloe

b. NAME OF INSTITUTION
Associates in Medical Physics, LLC

c. MAILING ADDRESS
5288 Transportation Boulevard

d. CITY
Cleveland, Ohio 44125

5. PRECEPTOR'S SIGNATURE
FBloe

7. PRECEPTOR'S NAME *(Please type or print)*
Frank Bloe, DABSNM, DABMP

8. DATE
October 26, 2003

6. MATERIALS LICENSE NUMBER(S)
34-26645-02