



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
4500 STUART STREET
FORT JACKSON, SC 29207-5720

September 9, 2010

Preventive Medicine Service

Nuclear Regulatory Commission
Region 1
Division of Nuclear Materials Safety
Attention: Licensing
475 Allendale Road
King of Prussia, Pennsylvania 10406-1415

Br. 1

2010 OCT -1 AM 11:08
RECEIVED
REGION 1

Dear Sir or Madam:

03008195

Request that Nuclear Regulatory Commission License Number 39-14873-01 be amended to add Major Brendan T. Doherty to the license as an authorized user.

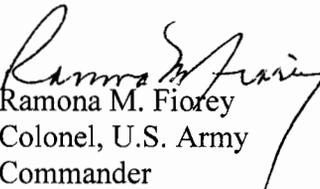
In August 2009 the Radiation Safety Committee approved Major Brendan T. Doherty as meeting the training and experience requirements for human use in accordance with 10 Code of Federal Regulation 35.190 and 35.290.

Enclosed, as required in 10 CFR 35.14, is a copy of Major Brendan T. Doherty's American Board of Radiology Certificate, and a copy of his Preceptor Statement from Dr. Jennifer S. Jurgens, Walter Read Army Medical Center, Nuclear Medicine physician dated October 2, 2008. Captain James Wilson, Moncrief Army Community Hospital Radiation Safety Officer called Major Andrew Scott, Walter Reed Radiation Safety Officer and received confirmation that Dr. Jurgens is an Authorized User on the Walter Reed license and a qualified preceptor.

Please remove Major Daniel Reidman from our license as he is no longer employed at this facility.

For further information, please contact CPT James Wilson at (803) 751-2207.

Sincerely,


Ramona M. Fiorey
Colonel, U.S. Army
Commander

Enclosures
as

573635
NMSS/RGN1 MATERIALS-002

NRC FORM 313A (AUD)

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 35.190

Board Certification

I attest that Brendan T. Doherty, MD 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.

OR

Training 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 35.290

Board Certification

I attest that Brendan T. Doherty, MD 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.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

and experience, including a minimum of 60 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	Signature	Telephone Number	Date
Jennifer S. Jurgens, MD		(202) 782-0169	10/02/2008

License/Permit Number/Facility Name
 License #08-01738-02 / Walter Reed Army Medical Center

NRC FORM 313A (AUD)
(10-2007)

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: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

Brendan T. Doherty

KANSAS

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)

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)
(10-2007)

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)
(10-2007)

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 35.190

Board Certification

I attest that Brendan T. Doherty, MD 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.

OR

Training 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 35.290

Board Certification

I attest that _____ 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.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

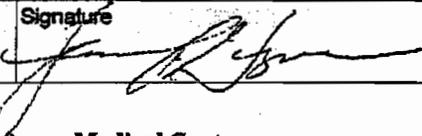
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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	Signature	Telephone Number	Date
Jennifer S. Jurgens, MD		(202) 782-0169	10/02/2008
License/Permit Number/Facility Name			
License #08-01738-02 / Walter Reed Army Medical Center			

ABR

The American Board of Radiology

DIAGNOSTIC RADIOLOGY • RADIATION ONCOLOGY • RADIOLOGIC PHYSICS

June 5, 2007

Brendan Thomas Doherty, MD

S4598 / DR / 7 / 21

Officers
Peter G. Anderson, M.D., President
N. Reed Dowling, M.D., President-Elect
Beth A. Stewart, M.D., Secretary-Treasurer

Diagnostic Radiology
Philip O. Anderson, M.D., New York, New York
Dennis M. Balle, M.D., St. Louis, Missouri
Thomas R. Barrett, M.D., Jacksonville, Florida
George B. Binkley, M.D., Durham, North Carolina
James P. Bergsack, M.D., Colorado Springs, Colorado
N. Reed Dowling, M.D., Ann Arbor, Michigan
Glen S. Felson, M.D., Rochester, Minnesota
Valerie P. Johnson, M.D., Indianapolis, Indiana
Matthew A. Hines, M.D., Chapel Hill, North Carolina
Christopher R. B. Hunt, M.D., Philadelphia, Pennsylvania
Anthony V. Proh, M.D., Richmond, Virginia
Arvo C. Rebase, M.D., La Jolla, California
Janet L. Smith, M.D., Cleveland, Ohio
Ray H. Vidyawan, M.D., Atlanta, Georgia
Douglas H. York, Jr., M.D., Minneapolis, Minnesota

Radiation Oncology
K. Kim Ayo, M.D., Ph.D., Houston, Texas
Beth A. Edwards, M.D., Milwaukee, Wisconsin
Doris G. Hilly, M.D., New Brunswick, New Jersey
Richard E. Hogg, M.D., Oakland, California
Lary E. Kim, M.D., Memphis, Tennessee
Christopher G. Miller, M.D., Durham, North Carolina

Radiologic Physics
G. Donald Fry, Ph.D., Charleston, South Carolina
Richard L. Muth, Ph.D., Jacksonville, Florida
Bradley R. Pfaend, Ph.D., Madison, Wisconsin

Dear Dr. Doherty:

I am pleased to inform you that you passed the oral examination held on June 3-6, 2007. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portions of the nuclear medicine section, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 05, 2007. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Robert R. Hattery, MD

Enclosures

Robert R. Hattery, M.D., Executive Director
Gary J. Becker, M.D., Associate Executive Director
Stephen R. Thomas, Ph.D., Associate Executive Director
Lawrence M. Davis, M.D., Associate Executive Director

Assistant Executive Directors: Primary Certification
Anthony V. Proh, M.D., Diagnostic Radiology
Doris G. Hilly, M.D., Radiation Oncology
Shirley P. Pfaend, Ph.D., Radiologic Physics

Assistant Executive Directors: Maintenance of Certification
James P. Bergsack, M.D., Diagnostic Radiology
Lary E. Kim, M.D., Radiation Oncology
Richard L. Muth, Ph.D., Radiologic Physics
George S. Binkley, M.D., Subspecialty Certification

441 E. WILLIAMS BOULEVARD, SUITE 200 • TUCSON, ARIZONA 85711-4193 • PHONE (520) 780-2900 • FAX (520) 786-3200
E-mail: information@abr.org • website: www.abr.org

© 2007 by Board of the American Board of Medical Specialties

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
Hereby certifies that

Brendan Thomas Boherty, M.D.

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 sixth day of June, 2007

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

Diagnostic Radiology



Certificate No. 54598

Frederick O. Williams, M.D.
President

Sam E. Eichen
Secretary-Treasurer

PR. Alan
Executive Director



This is to acknowledge the receipt of your (C) letter/application dated 9/9/10, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (39-14873-01) There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 573635.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.