

Docket No. 030-11841
Control No. 573778

License No. 25-16906-01

Dear Ms. Britzman:

This is in reference to your letter dated September 17, 2010 requesting an amendment to your Nuclear Regulatory Commission License 25-16906-01. In order to continue our review, we need the following information:

1. On the submitted NRC Form 313A(AUD) please:
 - A. On page 1, List the name of the proposed Authorized User.
 - B. On page 1, List the State or territory where the individual is licensed and provide a copy of the license.
 - C. On page 4, have Dr. Martin Kurland sign and date the attestation letter.

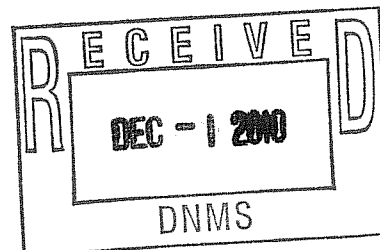
We will continue our review upon receipt of this information. Please reply to my attention at the Region IV Office and refer to Mail Control No. 573778. You can send the response thru e-mail as long as the response is attached in a PDF format and is signed by management. You may also fax the response to 817-860-8263. If we do not receive a reply by December 3, 2010, we will assume that you do not wish to pursue your application.

If you have any technical questions regarding this deficiency letter, please call me at (817) 276-6596.

Sincerely,

Lizette Roldán-Otero, Ph.D.
Health Physicist
Nuclear Regulatory Commission
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011
Office: 817-276-6596
Fax: 817-860-8263

Here is additional info



NRC FORM 313A (AUD) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
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]		

Name of Proposed Authorized User <i>Walter E. Smith, D.O.</i>	State or Territory Where Licensed <i>Montana</i>
Requested Authorization(s) (check all that apply)	
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies	
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies	
<input type="checkbox"/> 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
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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)

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 Walter E. Smith, D.O. 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 Walter E. Smith, D.O. 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
Martin Kurland, M.D.	<i>M Kurland</i>	406-228-3630	11-23-10

License/Permit Number/Facility Name
Lic # 25-16906-01 Frances Mahon Deaconess Hospital

STATE OF MONTANA
Department of Labor and Industry
Board of Medical Examiners

This verifies the below named is currently licensed
as a Doctor of Osteopathy

License #: 12248 Active
Expires: 03/31/2012

WALTER EDMUND SMITH DO
OPTIMAL IMX
2850 19TH ST S
STE 350
BIRMINGHAM AL 35209

VERIFY YOUR LICENSE AT

► LicenseLookup.mt.gov

RENEW YOUR LICENSE AT

► LicenseRenewal.mt.gov

To use license as a Wall License, cut off excess paper and affix the above to wall for display.
To use the license as a Pocket Card, cut to the size of a business card or drivers license
(either single or double-wide to fold), laminate if desired.

Remember to renew online if possible. Benefits of renewing online include:

- The ability to change an address (for most professions)
- The ability to print license(s) the same day as the renewal
- The ability to print multiple licenses including one for a pocket card if desired
- The ability to print in color (if you have a color printer)
- The ability to print additional licenses for no additional charge up to 45 days following the end of the renewal cycle

To renew online: <https://app.mt.gov/renewal>

Mail for 12248

Name:	WALTER EDMUND SMITH
City, State, Zip:	BIRMINGHAM AL 35209
License Information	
Profession:	Physician
License Type:	Doctor of Osteopathy
Specialty:	
License Number:	12248
License Status:	Active
Original Issue Date:	02/16/2010
Expiration Date:	03/31/2012
Actions:	No actions on file

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SEARCH AGAIN