

UNIVERSITY OF CALIFORNIA, LOS ANGELES

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SANTA BARBARA • SANTA CRUZ

ENVIRONMENT, HEALTH & SAFETY
RADIATION SAFETY DIVISION
501 WESTWOOD PLAZA, 4TH FLOOR
BOX 951405
LOS ANGELES, CALIFORNIA 90095-1405

January 26, 2011

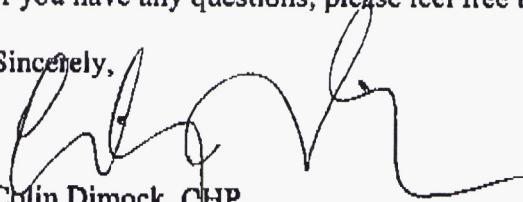
To whom it may concern,

The University of California—Los Angeles (UCLA) operates under a type A, broad scope radioactive materials license issued by the California Department of Public Health—Radiologic Health Branch in agreement with the Nuclear Regulatory Commission. As a broad scope licensee, individual authorized users are not listed on the UCLA radioactive materials license.

Please accept this letter as evidence that **Dr. Johannes Czernin** has completed the appropriate training and clinical experience required by Title 10 Part 35 of the Code of Federal Regulations (CFR) and is currently approved as an authorized user for uptake, dilution, and excretion studies (10 CFR 35.100), imaging and localization studies (10 CFR 35.200), and use of unsealed byproduct material for which a written directive is required (10 CFR 35.300).

If you have any questions, please feel free to contact me.

Sincerely,



Colin Dimock, CHP
Radiation Safety Officer
University of California—Los Angeles
(310) 206-8204

The American Board of Nuclear Medicine

Incorporated 1971

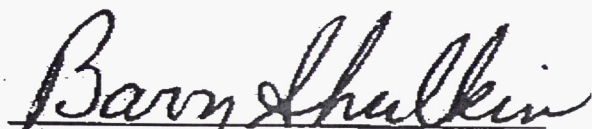
Certifies that

Do Hee Kim, M.D.

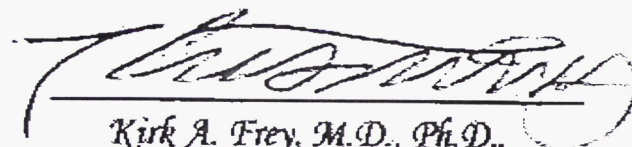
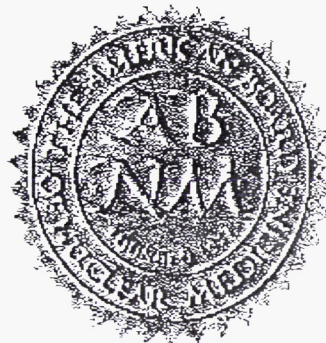
*has met the requirements of this Board and is qualified
during the period of 2010 through 2020 to practice as a Specialist
in all aspects of Clinical and Laboratory*

Nuclear Medicine

*Maintenance of this certificate requires full participation in the ABNM's
Maintenance of Certification program.*



Barry L. Shulkin, M.D., MBA.
Chairman



Kirk A. Frey, M.D., Ph.D.
Secretary-Treasurer

Certifies that

Do Hee Kim, M.D.

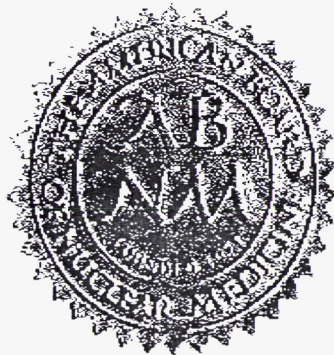
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Barry Shulkin

*Barry L. Shulkin, M.D., MBA.
Chairman*



7922

Number

Kirk A. Frey

*Kirk A. Frey, M.D., Ph.D.
Secretary-Treasurer*

United States

NRC FORM 312A (AUB) (3-2008)	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 DOHEE KIM	State or Territory Where Licensed INDIANA
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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)(F)(G)

union

HOSPITAL

1606 North Seventh Street
Terre Haute, IN 47804-2780

812-238-7581, Imaging Services

812-238-4654, Imaging Services fax

facsimile transmittal

To: USNRC, Region III **Fax:** 630-515-1078

From: Union Hospital (License #13-16457-01) **Date:** 1/28/2011

Re: License Amendment Request of 12/13/10 **Pages:** 5

CC: Rasiklal Ganatra, M.D., RSO **Control #** 574154

Urgent For Review Please Comment Please Reply Please Recycle

Ms. Simmons, per our phone conversation today the following information is provided.

- 1) A letter from UCLA's Radiation Safety Officer attesting to Dr Czernin qualifications as an "AU".
- 2) A copy of Dr. Dohee Kim's ABNM certificate (sent as two pages as she could not get the entire certificate on her scanner at one time)
- 3) The first page of Dr. Kim's Form 313A which now includes her name.

The amendment request has been assigned control # 574154

Thank you for your assistance and please call if you have any other questions.

Dean A. Taylor, M.S.
Radiation Safety Consultant
to Union Hospital, Inc.
812-238-7275

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