



The KING'S DAUGHTERS'
Hospital and Health Services

One King's Daughters' Drive, P.O. Box 447
Madison, IN 47250
(812) 265-5211

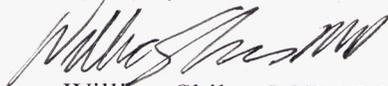
1/06/11

United States Nuclear Regulatory Commission
Region 111
801 Warrenville Road
Lisle, Illinois 60532-4351

To whom it may concern,

I am requesting that Robert C. Leatherman, D.O., be added to the King's Daughters' Hospital & Health Services materials license # 13-18692-01, as an Authorized User. Dr. Leatherman was approved by the Radiation Safety Committee on October 19, 2009. Enclosed is the documentation of training and experience and preceptor attestation as required by NRC 10 CFR 35.100, and 35.200. The training and preceptor attestation forms were prepared by another facility using the 10-2005 forms. Documentation of Dr. Leatherman's continuing education since his training is also enclosed.

Sincerely,



William Skiles, M.D., RSO

RECEIVED FEB 1 2011

"the Sun of Righteousness arise with healing in his wings..." Malachi 4:2



**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

State or Territory Where Licensed

Robert C. Leatherman D.O.

Indiana, Michigan

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)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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	

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 checked="" 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 checked="" 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.

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:

*See Attached
NRC Form 313A
(10-2005)*

For 35.190

Board Certification

I attest that _____ 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

License/Permit Number/Facility Name

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

ROBERT CARL LEATHERMAN, D.O.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

INDIANA AND MICHIGAN

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	WAYNE STATE MSU GARDEN CITY	59 73 TOTAL = 144	WINTER/SPRING 2001
Radiation Protection	WAYNE STATE	1.5	99-00
Mathematics Pertaining to the Use and Measurement of Radioactivity	WAYNE STATE MSU	1.5 2	10-10-00
Radiation Biology	WAYNE STATE MSU	3 4	5/1 + 5/8 2000
Chemistry of Byproduct Material for Medical Use	WAYNE STATE	1.5	99-00
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
RADIATION DETECTORS, PET/SPECT GAMMA CAMERAS, RADIATION BIOLOGY, TYPES OF DECAY, ISOTOPE PRODUCTION	ALBERT GOLDSTEIN, Ph.D. COLIN ORTON, Ph.D. OTTO MUZIK, Ph.D. Wm. HACK, Ph.D. #	WAYNE STATE DETROIT, MI.	8/99-5/00 59 HOURS
RADIATION DOSIMETRY, RADIATION DETECTION, RADIOPHARMACEUTICALS, NUCLEAR MEDICINE PHYSICS	DR. ABEN, DR. GOTTSCHALK DR. CROCKETT DR. PERNICONE DR. LUDEMA, DR. ROBINSON #	MSU	9/12/00-10/02 73 HOURS

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc ^{99m}	Diagnostic	497 102	DR. WIANECKI	GARDEN CITY HOSPITAL GARDEN CITY, MI. #	9-99 3-00
"	"	433 426	"	"	6-00 1-01
"	"	460	"	"	4-01 7-01
"	"	6 58	"	"	9/10-01 6-02 11-02
"	"	10	"	"	12-02
In ¹¹¹	"	5, 1, 2, 4	"	"	3/00 1/01 6/02, 11/02
Ga ⁶⁷	"	1 2	"	"	1/01 3/00
I-123	"	10	"	"	3/00 6/02

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
 N/A of _____ the RSO for License No. _____

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

- Authorized User
- Authorized Medical Physicist
- Radiation Safety Officer
- Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) _____
for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

21-04072-01
NRC

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____,
as documented in section(s) _____ of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for _____
 N/A types of use, as documented in section(s) _____ of this form.

11c.

- has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**
- has achieved a level of competency sufficient to function independently as an authorized
USER for 35,200 uses (or units); **or**
- has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**
- N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**

I meet the requirements of 35,290 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): 35,200

A. Address

B. Materials License Number

21-04072-01
NRC

C. NAME OF PRECEPTOR (print clearly)

Daniel F. Mianeck, D.O.

D. SIGNATURE -- PRECEPTOR

[Handwritten Signature]

E. DATE

6-14-06

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Robert Carl Leatherman, D.O.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

Indiana and Michigan

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Wayne State MSU Oakwood Hospital Garden Citv Hospital	59 73 12 Total: 144	Winter/Spring 2001
Radiation Protection	Wayne State	1.5	1999-2000
Mathematics Pertaining to the Use and Measurement of Radioactivity	Wayne State MSU	1.5 2.0	10/10/2000
Radiation Biology	Wayne State MSU	3.0 4.0	May 1, May 8 2000
Chemistry of Byproduct Material for Medical Use	Wayne State	1.5	1999-2000
OTHER Lectures	Children's Hospital "Nuclear Med"	2.0	Winter/Spring 2001

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Radiation Detectors, Gamma Cameras, PET/SPECT, Math, Radiation Biology, Types of Decay, Isotope Production	Albert Goldstein, Ph.D Colin Orton, Ph.D Otto Muzik, Ph.D, Hack, W. MPH	Wayne State, Detroit, MI License # <u>21-04072-01</u>	3/1999-5-2000 Hrs: 59
Radiation Dosimetry, Radiation Detection, Radiopharmaceuticals, Nuclear Medicine Physics	Dr. Crockett, DR. Aben, Dr. Gottschalk, Dr. Pernicone, Dr. Robinson	MSU, Lansing, MI License # _____	9/12/2000-10/1/2002 Hrs: 73
Nuclear Volume: 433 (All Scans) (6/2000) Nuclear Volume: 497 (All Scans) (3/2000) Nuclear Volume: 422 (All Scans) (1/2001)	Dr. Daniel Mianecki	Garden City Hospital, Garden City, MI License # _____	6/2000 3/2000 1/2001
Nuclear Volume: 460 & 359 (All Scans) (6-7, 2001) Nuclear Volume: 5 (All Scans) (6/2002) Nuclear Volume: 24 (All Scans) (11/2002)	Dr. Daniel Mianecki	Same as Above for Garden City Hospital	6-7/2001
Nuclear Volume: 12 (All Scans) (12/2002) Nuclear Volume: 1 (All Scans) (3/2003) Nuclear Volume: 1 (All Scans) (6/2003)	Dr. Daniel Mianecki	Same as Above for Garden City Hospital	12/2002 3/2003 6/2003
Nuclear Volume: (All Scans) (Please See Attached Scan Totals)	Dr. Abghari	Oakwood Hospital, Dearborn, MI License # <u>21-04515-01</u>	7/2000, 11/2001, 10/2002,4/2003
Nuclear: Renal Scan-12, Renal Cortical-7, Bone Scan-11, Gastric Scans-17, Cystography-9	Dr. Abghari	Same as Above for Oakwood Hospital	20 Hours 7/2002-9/2002
11 Months Nuclear Training and Experience/Cases (Total Hours from Training: 1956 Hours)	Dr. Abghari	Garden City Hospital Oakwood Hospital Children's Hospital	Hrs: 1232 Hrs: 704 Hrs: 20

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-131	Therapy-Thyroid	13	Dr. Abghari	Oakwood # <u>21-04515-01</u>	10/02-4/03
I-131	Thyroid Ablation	2	Dr. Abghari	Same As Above	10/02-4/03
Tc-99m	Diagnostic	All	Dr. Abghari	Same As Above	1165-718-2000 771-11/01 536-10/02 858-4/03 5-8/2002 8-10/02 5-11/01 13-4/03
Ga-67	Diagnostic	All	Dr. Abghari	Same As Above	275-8/00 131-11/01
Tl-201	Diagnostic	All	Dr. Abghari	Same As Above	6-8/00 6-10/02
In-111	Diagnostic	All	Dr. Abghari	Same As Above	6-11/01 6-4/02
Xe-133	Diagnostic	All	Dr. Abghari	Same As Above	60-8/00 73-10/02 47-11/01 28-4/03
I-123	Diagnostic	All	Dr. Abghari	Same As Above	107-8/00 47-10/02 12-11/01 39-4/03

C-14

DIAGNOSTIC

ALL

Dr. Abghari

"

TOTAL HOURS: 724

PAGE 2

4-10/02
2-11/02

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
 N/A of _____ the RSO for License No. _____

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

Dr. Reza Abghari

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

18101 Oakwood Boulevard
Dearborn, MI 48123-2500

E. Materials License Number

21-04515-01

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____ as documented in section(s) _____ of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.

N/A

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

has achieved a level of competency sufficient to function independently as an authorized USER for 35,200 uses (or units); **or**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**

I meet the requirements of 35,290 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): 10 CFR 35.100, 35.200, 35.300

A. Address

18101 Oakwood Boulevard
Dearborn, MI 48123-2500

B. Materials License Number

21-04515-01

C. NAME OF PRECEPTOR (print clearly)

Reza Abghari, M.D.

D. SIGNATURE -- PRECEPTOR

Reza Abghari

E. DATE

05/18/2006

The American Osteopathic Association

upon recommendation
of the

American Osteopathic Board of Radiology



certifies that

Robert Carl Leatherman, D.O.

having met the prescribed qualifications and standards and
passed the required examinations of this Board,
is qualified as a specialist in

Diagnostic Radiology

and is hereby awarded this certificate for the period from
April 17, 2005-December 31, 2015

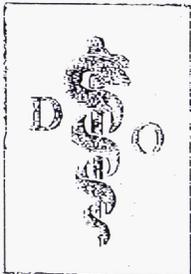
American Osteopathic Association

Jim B. Crog
Executive Director

Certificate No. 1056

American Osteopathic Board of Radiology

Kenneth L. J. M.D., Ph.D.
Chair
NOV 17 2005
Secretary



**CONTINUING MEDICAL EDUCATION CERTIFICATE**

Medscape

certifies that

**Robert Leatherman, DO
2459 Woods Edge Drive
Madison, IN 47250**

has participated in the educational activity titled
Highlights of the Annual Meeting of the American Society of Nuclear Cardiology
on the Internet at <http://www.medscape.com>

DECEMBER 22, 2008

and is awarded **0.75 AMA PRA Category 1 Credit(s)**TM.

Medscape designates this educational activity for a maximum of **0.75 AMA PRA Category 1 Credit(s)**TM.
Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to
provide continuing medical education for physicians.

For information on applicability and acceptance of continuing education credit for this activity, please consult
your professional licensing board.

Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 16469130

Medscape, LLC is the professional education subsidiary of WebMD Health, New York, NY

CONTINUING MEDICAL EDUCATION CERTIFICATE**Medscape**

certifies that

**Robert Leatherman, DO
2459 Woods Edge Drive
Madison, IN 47250**

has participated in the educational activity titled
Practical PET, the Specialist's Handbook: CT Scans and the Conundrum of the Solitary
Pulmonary Nodule

on the Internet at <http://www.medscape.com>

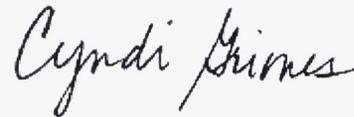
DECEMBER 22, 2008

and is awarded **0.25 AMA PRA Category 1 Credit(s)**TM.

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)**TM.
Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to
provide continuing medical education for physicians.

For information on applicability and acceptance of continuing education credit for this activity, please consult
your professional licensing board.



Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 16467599

Medscape, LLC is the professional education subsidiary of WebMD Health, New York, NY



National
Comprehensive
Cancer
Network®

certifies that

Robert Leatherman, DO
2459 Woods Edge Drive
Madison, IN 47250

has participated in the educational activity titled

NCCN Task Force Report: PET/CT Imaging

on **DECEMBER 24, 2008**

and is awarded **0.75 AMA PRA Category 1 Credit(s)**[™].

Lynn Cherrin, MS, CE Program Manager

The National Comprehensive Cancer Network is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Certificate Number: 16500701



AMERICAN OSTEOPATHIC COLLEGE OF RADIOLOGY
119 EAST SECOND STREET, MILAN, MISSOURI 63556

Phone: (660) 265-4011 E-mail: rhonda@aocr.org Website: www.aocr.org

CERTIFICATE OF ATTENDANCE

The American Osteopathic College of Radiology certifies that

Robert C Leatherman, DO

has participated in the educational activity, "Multi-Disciplinary Approach to Cancer Imaging," held at the Royal Park Hotel, Rochester, Michigan, April 24-26, 2009 and is awarded 25 Category 1-A credit hours.



Specialty Hours Include:

PET/CT	15 Hours
Breast MRI	2 Hours
Mammography	1 Hour

The AOCR is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The AOCR designates this continuing medical education activity for 25 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

The American Osteopathic Association has approved this continuing medical education activity for 25 credit hours in Category 1-A.

A handwritten signature in cursive script that reads "Rhonda Bochner".

Rhonda Bochner
Assistant Executive Director



AMERICAN OSTEOPATHIC COLLEGE OF RADIOLOGY
119 EAST SECOND STREET, MILAN, MISSOURI 63556

Phone: (660) 265-4011 E-mail: rhonda@aocr.org Website: www.aocr.org

CERTIFICATE OF ATTENDANCE

The American Osteopathic College of Radiology certifies that

Robert C. Leatherman, DO

has participated in the educational activity, "Breast Imaging Update," held at the Grand Hyatt DFW, Dallas, Texas, March 20-21, 2010, and is awarded 16 Category 1-A credit hours.

Specialty Hours:

Digital Mammography Hours – 8 Hours

Ultrasound – 4.5 Hours

Stereotactic – 2.5 Hours

PET – 1 Hour

The AOCR is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The AOCR designates this continuing medical education activity for 16 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

The American Osteopathic Association has approved this continuing medical education activity for 16 credit hours in Category 1-A.

A handwritten signature in cursive script that reads "Rhonda Boehner".

Rhonda Boehner
Assistant Executive Director



the king's | daughters' hospital

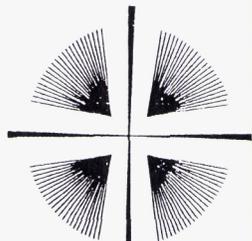
CONTINUING MEDICAL EDUCATION CREDIT FOR TUMOR BOARD CONFERENCES

"This program has been reviewed and is acceptable for one prescribed hour by the AAFP. AAFP prescribed credit is accepted by the AMA as equivalent to AMA PRA Category 1 for the the AMA Physicians Recognition Award. When applying for the AMA PRA, prescribed hours earned must be reported as prescribed hours, not as Category 1.

Robert Leatherman D.O. attended
the Tumor Board Conference at The King's Daughters' Hospital on
October 31, 2006 and is awarded one prescribed hour.

Signed Joyce Wyzan CTR
Cancer Registrar
Kim James
Medical Staff Coordinator

Date 10-31-06



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CONTINUING MEDICAL EDUCATION CREDIT FOR TUMOR BOARD CONFERENCES

"This program has been reviewed and is acceptable for one prescribed hour by the AAFP. AAFP prescribed credit is accepted by the AMA as equivalent to AMA PRA Category 1 for the the AMA Physicians Recognition Award. When applying for the AMA PRA, prescribed hours earned must be reported as prescribed hours, not as Category 1.

Robert Leatherman D.O. attended

the Tumor Board Conference at The King's Daughters' Hospital on

January 25, 2007 and is awarded one prescribed hour.

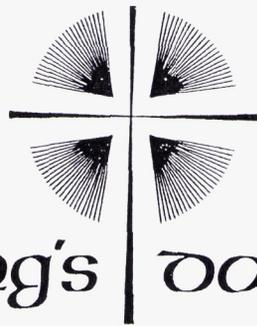
Signed

Joyce Wyzan CTR
Cancer Registrar

Kim James
Medical Staff Coordinator

Date

1-25-07



the king's | daughters' hospital

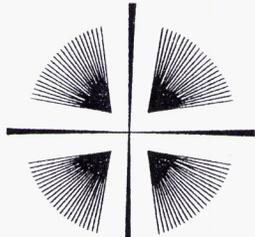
CONTINUING MEDICAL EDUCATION CREDIT FOR TUMOR BOARD CONFERENCES

"This program has been reviewed and is acceptable for one prescribed hour by the AAFP. AAFP prescribed credit is accepted by the AMA as equivalent to AMA PRA Category 1 for the the AMA Physicians Recognition Award. When applying for the AMA PRA, prescribed hours earned must be reported as prescribed hours, not as Category 1.

Dr Robert Leatherman attended
the Tumor Board Conference at The King's Daughters' Hospital on
February 22, 2007 and is awarded one prescribed hour.

Signed Joyce Wyzun CTR
Cancer Registrar
Kim James
Medical Staff Coordinator

Date 2-22-07



the king's | daughters' hospital

CONTINUING MEDICAL EDUCATION CREDIT FOR TUMOR BOARD CONFERENCES

"This program has been reviewed and is acceptable for one prescribed hour by the AAFP. AAFP prescribed credit is accepted by the AMA as equivalent to AMA PRA Category 1 for the the AMA Physicians Recognition Award. When applying for the AMA PRA, prescribed hours earned must be reported as prescribed hours, not as Category 1.

Robert Leatherman D.O. attended

the Tumor Board Conference at The King's Daughters' Hospital on

July 22, 2008 and is awarded one prescribed hour.

Signed Joyce Wynn CTR
Cancer Registrar

Kim James
Medical Staff Coordinator

Date 7-22-08

The King's Daughters' Hospital and Health Services
One King's Daughters' Drive
Madison, IN 47250

CERTIFIED MAIL



91 7108 2133 3936 0122 7130



United States Nuclear Regulatory Commission
2443 Warrenville Road
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