



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY**  
**FORT CAMPBELL, KENTUCKY 42223-5349**

January 23, 2011

Office of the Commander

*Br 1*

US Nuclear Regulatory Commission Region 1  
Nuclear Materials Safety, Medical Branch  
475 Allendale Road  
King Of Prussia, Pennsylvania 19406-1415

Reference: Nuclear Regulatory Commission (NRC) Materials License 16-30845-01, Docket No. 030-36430, Department of the Army, Blanchfield Army Community Hospital, 650 Joel Drive, Fort Campbell, KY 42223

Subject: Addition of Dr. Wilson as an Authorized User

Dear Sir or Madam:

I request CPT Aimee Wilson, M.D., to be an Authorized User under our License for Materials and Use 10 CFR 35.100 and 35.200. Please see enclosures verifying her qualifications. Enclosed are NRC Form 313A, a letter from The American Board of Radiology ABRID 58011, and a certificate with ABRID number 58011.

Sincerely,

John P. Cook  
Colonel, US Army  
Commanding

Enclosures

REC'D IN LAT FEB 10 2011

*574412*  
NMSS/RGN1 MATERIALS-002



5441 E. Williams Boulevard, Suite 200 • Tucson, Arizona 85711-4493 • Phone (520) 790-2900 • Fax (520) 790-3200  
E-mail: [information@theabr.org](mailto:information@theabr.org) • website: [www.theabr.org](http://www.theabr.org)

June 1, 2009

#### TRUSTEES

Reed Dunnick, M.D.  
President  
Bruce G. Haffty, M.D.  
President-Elect  
Richard L. Morin, Ph.D.  
Secretary-Treasurer

ABRID 58011 / DR / 14 / 12  
Confirmation # ASB33F0C

Aimée Michelle Wilson, MD

Dear Dr. Wilson:

I am pleased to inform you that you passed the oral examination held on May 31 to June 3, 2009. 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 radiology 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 01, 2009. 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,

Gary J. Becker, MD

Enclosures

2011 FEB 10 AM 11:11

RECEIVED  
REGION 1

**Radiation Oncology**  
K. Kian Ang, M.D., Ph.D.  
Houston, Texas  
Beth A. Erickson, M.D.  
Milwaukee, Wisconsin  
Bruce G. Haffty, M.D.  
New Brunswick, New Jersey  
Larry E. Kun, M.D.  
Memphis, Tennessee  
Christopher G. Willett, M.D.  
Durham, North Carolina  
Anthony L. Zietman, M.D.  
Boston, Massachusetts

**Radiologic Physics**  
G. Donald Frey, Ph.D.  
Charleston, South Carolina  
George S. Bisset, Ph.D.  
Tucson, Arizona  
Richard L. Morin, Ph.D.  
Jacksonville, Florida

Executive Director: Gary J. Becker, M.D.  
Robert R. Hattery, M.D., Senior Advisor to the Executive Director

Assistant Executive Directors: Primary Certification  
Diagnostic Radiology: Dennis M. Balle, M.D.  
Radiation Oncology: Beth A. Erickson, M.D.  
Radiologic Physics: Richard L. Morin, Ph.D.

Associate Executive Directors  
Diagnostic Radiology: Kay H. Vydareny, M.D.  
Radiation Oncology: Lawrence W. Davis, M.D.  
Radiologic Physics: Stephen R. Thomas, Ph.D.  
Administration: Jennifer Boema, Ph.D.

Assistant Executive Directors: Maintenance of Certification  
Diagnostic Radiology: James P. Borgstede, M.D.  
Radiation Oncology: Larry E. Kun, M.D.  
Radiologic Physics: G. Donald Frey, Ph.D.  
Subspecialty Certification: George S. Bisset, M.D.

# 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 Radiation Oncology, the Association of  
University Radiologists, and the American Association of Physicists in Medicine*

*Hereby certifies that*

**Aimee Michelle Wilson, MD**

*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 third day of June, 2009*

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

**Diagnostic Radiology**

AB Eligible

*M. Reed Gunnick, MD*  
President

*Richard L. Morin*  
Secretary-Treasurer

*Harry Robinson*  
Executive Director



Certificate No. 58011

Valid through 2019

**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

Aimee M. Wilson

State or Territory Where Licensed

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 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.

**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 Aimee M. Wilson 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 Aimee M. Wilson 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 <b>Marcial Q. Favila</b>	Signature 	Telephone Number <b>(270) 798-8400</b>	Date <b>01/24/2011</b>
License/Permit Number/Facility Name <b>License No. 16-30845-01 / Docket No. 030-36430 / Blanchfield Army Community Hospital</b>			