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REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL DEPARTMENT ACTIVITY
4301 WILSON STREET
FORT SILL, OKLAHOMA 73503-9042

RECEIVED
FEB 25 2011
DNMS

MCUA-PMR Health Physics

3 February 2011

MEMORANDUM FOR United States Nuclear Regulatory Commission, Region IV, 612 E. Lamar Blvd. Suite 400, Arlington, TX 76011-4125

SUBJECT: Amendment to Radioactive Materials (RAM) License # 35-10202-01

1. REFERENCES: 10 CFR 35, RAM License # 35-10202-01, NRC Correspondence Memorandum dated 1 Nov 2008

2. PURPOSE: To update pertinent information documented on the license form

3. DISCUSSION:

a. In accordance with the above references, Reynolds Army Community Hospital (RACH) would like to request an amendment to our RAM License. Two issues have come up which require this modification:

(1) The designation of our address, according to the United States Postal Service, has changed. The location, configuration, and facilities where the radioactive materials are stored and used have not changed in any way. Our new address is as follows: 4301 Wilson Street, Fort Sill, OK 73503-9042. This change should be reflected in lines 2 and 10 of our RAM License.

(2) The authorized users stated on our license (line 12B) should be changed as follows:

<u>Authorized Users</u>	<u>Material and Use</u>
Patrick E. Davis, M.D.	35.100; 35.200; oral administration of I-131 ≤33 mCi
Kevin P. Banks, M.D.	35.100; 35.200; 35.300
Shane B. Anderson, M.D.	35.100; 35.200; 35.300; 35.500

Doctors Banks and Anderson are currently listed as authorized users on radioactive materials licenses in other military facilities in San Antonio. These individuals will be used as backup for our facility and for more complicated procedures. Dr. Davis will be on-site for the typical day-to-day activities. All physicians presented here have been informed of their duties and responsibilities concerning the appointment as authorized users and have agreed to these obligations. Documents outlining the qualifications concerning these duties are attached with this request.

b. The changes annotated here have been anticipated and have passed by unanimous vote of the Radiation Control Committee of RACH. These changes are to be effective immediately.

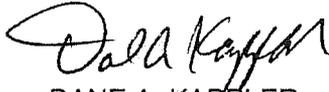
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MCUA-PMR
SUBJECT: Amendment to Radioactive Materials (RAM) License # 35-10202-01

3 February 2011

4. CONCLUSION: Please amend the Radioactive Materials License #35-10202-01 with the changes outlined.

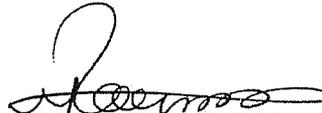
5. The point of contact for this memorandum is the undersigned at (580) 442-5211 or dane.kappler@amedd.army.mil.



DANE A. KAPPLER
CPT, MS
Chief, Health Physics



DAVID E. RISTEDT
LTC, MC
DCCS/Chairperson



MICHAEL A. RAVE
COL, MC
Commanding

ENCLOSURES:

NRC 313A #1: (AUD), Shane Anderson, MD
NRC 313A #2: (AUD), Shane Anderson, MD
NRC 313A: (AUT), Shane Anderson, MD
Radioactive Material Permit: Shane Anderson, MD
NRC 313A: Patrick Banks, MD
Compliance with NRC Training and Experience Requirements: Kevin Banks, MD
NRC 313A: (AUD): Patrick Davis, MD
NRC 313A: (AUT): Patrick Davis, MD
Board Certification: Patrick Davis, MD
Compliance with NRC Training and Experience Requirements: Patrick Davis, MD

DISTRIBUTION:

CHIEF, Health Physics, RACH
SAFETY OFFICER, RACH
CHIEF, Radiology, RACH
CHIEF, Health Physics, SRMC
NRC Region IV, Arlington, TX

NRC FORM 313A (AUD) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2008
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 Shane B. Anderson	State or Territory Where Licensed <input checked="" type="checkbox"/> Nebraska <input type="checkbox"/>
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 35.380 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) (10-2007) **U.S. NUCLEAR REGULATORY COMMISSION**
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	University of Texas Health Science Center at San Antonio (UTHSCSA), BAMC, WHMC	120	1 Jul 06 - 30 Jun 08
Radiation protection	UTHSCSA, BAMC, WHMC	20	1 Jul 06 - 30 Jun 08
Mathematics pertaining to the use and measurement of radioactivity	UTHSCSA, BAMC, WHMC	60	1 Jul 06 - 30 Jun 08
Chemistry of byproduct material for medical use (not required for 35.590)	UTHSCSA, BAMC, WHMC	40	1 Jul 06 - 30 Jun 08
Radiation biology	UTHSCSA, BAMC, WHMC	20	1 Jul 06 - 30 Jun 08

Total Hours of Training: 260

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: 700	
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	UTHSCSA, BAMC, WHMC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Jul 06 - 30 Jun 08
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	UTHSCSA, BAMC, WHMC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Jul 06 - 30 Jun 08

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	UTHSCSA, BAMC, WHMC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 Jul 06 - 30 Jun 08
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	UTHSCSA, BAMC, WHMC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 Jul 06 - 30 Jun 08
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	UTHSCSA, BAMC, WHMC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 Jul 06 - 30 Jun 08
Administering dosages of radioactive drugs to patients or human research subjects	UTHSCSA, BAMC, WHMC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 Jul 06 - 30 Jun 08
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	UTHSCSA, BAMC, WHMC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 Jul 06 - 30 Jun 08

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 35.280 35.390 35.390 + generator experience in 35.280(e)(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 user requested:

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 Shane Anderson 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 Shane Anderson 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:

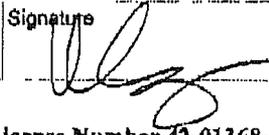
I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor

Won Song, MD

Signature



Telephone Number

210-916-1456

Date

07/16/2008

License/Permit Number/Facility Name

Brooke Army Medical Center NRC License Number 42-01368-01

**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 Shane B Anderson	State or Territory Where Licensed
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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 Transmission Imaging (Co57))

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	SAUSHEC NM Fellowship Physics Review Course	16	Jul06-Jun08
Radiation protection	SAUSHEC NM Fellowship Physics Review Course	4	Jul06-Jun08
Mathematics pertaining to the use and measurement of radioactivity	SAUSHEC NM Fellowship Physics Review Course	2	Jul06-Jun08
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology	SAUSHEC NM Fellowship Physics Review Course	2	Jul06-Jun08
Total Hours of Training: 24			

**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
Transmission Imaging (Co57)	Supervised Clinical Experience	Brooke Army Medical Center Jul04-Jun06

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 _____ 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

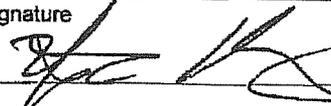
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 Yong C Bradley	Signature 	Telephone Number (210) 916-0356	Date 07/01/2009
License/Permit Number/Facility Name USNRC License 42-01368-01/Brooke Army Medical Center			

<p>NRC FORM 313A (AUT) (3-2007)</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p>	<p>APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2008</p>
<p>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]</p>		

<p>Name of Proposed Authorized User Shane B. Anderson</p>	<p>State or Territory Where Licensed Nebraska</p>
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Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

NRC FORM 313A (AUT) (3-2007) **U.S. NUCLEAR REGULATORY COMMISSION**
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

- 3. Training and Experience for Proposed Authorized User**
 a. Classroom and Laboratory Training 35.390 35.392 35.394 35.398

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Texas Health Science Center at San Antonio (UTHSCSA), BAMC, WHMC	120	1 Jul 08 - 30 Jun 08
Radiation protection	UTHSCSA, BAMC, WHMC	20	1 Jul 08 - 30 Jun 08
Mathematics pertaining to the use and measurement of radioactivity	UTHSCSA, BAMC, WHMC	60	1 Jul 08 - 30 Jun 08
Chemistry of byproduct material for medical use	UTHSCSA, BAMC, WHMC	40	1 Jul 08 - 30 Jun 08
Radiation biology	UTHSCSA, BAMC, WHMC	20	1 Jul 08 - 30 Jun 08
Total Hours of Training:			

- b. Supervised Work Experience 35.390 35.392 35.394 35.398
 If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	
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	

NRC FORM 313A (AUT)
(3-2007)

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)

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.380 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.398 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	50+	UTHSCSA, BAMC, WHMC	1 Jul 06 - 30 Jun 08
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	25+	UTHSCSA, BAMC, WHMC	1 Jul 06 - 30 Jun 08
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	4	UTHSCSA, BAMC, WHMC	1 Jul 06 - 30 Jun 08
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

NRC FORM 313A (AUT)
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual

License/Permit Number listing supervising Individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 160 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

First Section

Check one of the following for each requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that Shane Anderson has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

NRC FORM 313A (AUT)
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Shane Anderson has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case
experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Shane Anderson has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case
experience required in 35.394(c)(2).

Second Section

I attest that _____ has satisfactorily completed the required clinical case
Name of Proposed Authorized User
experience required in 35.390(b)(1)(II)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that _____ has satisfactorily achieved a level of competency to
Name of Proposed Authorized User
function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

NRC FORM 313A (AUT)
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.398:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.398 (d)(1), and the supervised work and clinical case experience required by 35.398(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.398(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.398 (d)(1) and the supervised work and clinical case experience required by 35.398(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

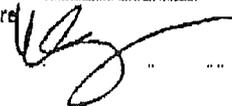
Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Won Song, MD	Signature 	Telephone Number 210 - 916 - 1456	Date 07/18/2008
-----------------------------------	--	--------------------------------------	--------------------

License/Permit Number/Facility Name
Brooke Army Medical Center NRC # 42-01368-01

1. In accordance with BAMC Memo 40-72, USNRC License 42-01368-01, and Army Radioisotope Authorization 42-01-16 the BAMC Radiation Safety Committee (RSC) issues the following Radioactive Material Permit:

- a. Permit Number: **NM-SBA-3**
- b. Permit Expiration Date: **July 2011**
- c. Permitted Individual: **MAJ Shane B. Anderson**
- d. Permitted Activities: **Authorized User (AU) IAW Title 10 CFR Part 35.**

2. Permitted individual is responsible for complying with the requirements of Title 10, Code of Federal Regulations, USNRC License 42-01368-01, Army Radioisotope Authorization 42-01-16, BAMC Memo No. 40-72, established operating procedures, and the conditions of this permit.

3. The permitted individual is authorized to prescribe, prepare and administer radiopharmaceuticals for medical research, medical diagnosis, and therapy as specified below:

a.	10 CFR 35.100	Medical Use of Unsealed Byproduct Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required
b.	10 CFR 35.200	Medical Use of Unsealed Byproduct Material for Imaging and Localization Studies for Which a Written Directive is Not Required
c.	10 CFR 35.300	Medical Use of Unsealed Byproduct Material for Which a Written Directive is Required
d.	10 CFR 35.500	Medical Use of Sealed Sources for Diagnosis

4. All administration of radiopharmaceuticals will be performed by the permitted individual, an individual supervised by the Chief, Nuclear Medicine Service IAW 35.27, or a student under the direct control of the permitted individual or a supervised individual.

5. Students administering radiopharmaceuticals shall be under the direct control of an individual authorized to administer radiopharmaceuticals. Direct control requires that the authorized individual observe and control every aspect of the student's actions. The authorized individual is responsible for the action and omission of the individual under their direct control.

6. The permitted individual shall immediately report unsafe conditions, loss of accountability of radioactive materials, or violations of operating procedures, regulatory requirements, or the conditions of this permit to the Radiation Safety Officer.

7. The BAMC RSC determined the permitted individual met the training and experience requirements of the U.S. NRC as evidenced by the information provided on NRC Form 313A(aud) *Authorized User Training and Experience and Preceptor Attestation*, signed by MAJ Won Song on 16 July 2008 and COL Yong Bradley on 01 July 2009.

APPROVED BY THE RSC JUL 10:



MARK W. BOWER
COL, MS
Recorder, Radiation Safety Committee

DATE: 30 Jul 2010

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

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)

Kevin Patrick Banks, Radiologist - Authorized User

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed
Connecticut (#041588)

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	SAUSHEC Physics Review Course San Antonio Physics Review Course	16 7	Sep 02 - Jun 03 Aug 03
Radiation Protection	SAUSHEC Physics Review Course San Antonio Physics Review Course	4 7	Sep 02 - Jun 03 Aug 03
Mathematics Pertaining to the Use and Measurement of Radioactivity	SAUSHEC Physics Review Course San Antonio Physics Review Course	2 7	Sep 02 - Jun 03 Aug 03
Radiation Biology	SAUSHEC Physics Review Course San Antonio Physics Review Course	2 7	Sep 02 - Jun 03 Aug 03
Chemistry of Byproduct Material for Medical Use	SAUSHEC Physics Review Course San Antonio Physics Review Course	1 7	Sep 02 - Jun 03 Aug 03
OTHER	Nuclear Medicine Lab Training Nuclear Medicine Board Review	110 30	Various (Jul 02 - Jun 06) Jan 06 - May 06

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
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	18 Nov - 15 Dec 02
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Wilford Hall Medical Center, TX TX-02682-03AFP	08 Mar - 2 Apr 04
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Chief, Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	03 - 28 May 04
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	11 Apr - 08 May 05
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	25 Sep - 22 Oct 05
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	04 - 20 Jun 06

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	Thyroid Imaging/Therapy	26	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
I-123	Thyroid Imaging	14	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Tl-201	Myocardial Imaging	411	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Tc-99m	Miscellaneous Imaging	801	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
F-18 FDG	PET & PET CT	66	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Ga-67	Tumor/Infection Imaging	9	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
In-111	Infection Imaging	12	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Xe-133	Lung Imaging	45	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06

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

YONG BRADLEY

B. Supervisor is:

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

C. Supervisor meets requirements of Part 35, Section(s) 190, 290, 390, 392, 394, 396 for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

3851 ROGER BROOKE DR
FORT SAM HOUSTON TX 78234

E. Materials License Number

42-01368-01

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) 35.190, 35.290, 35.390, 35.392, 35.394, as documented in section(s) 5 & 6 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 35.396 types of use, as documented in section(s) 6 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 _____ for _____ 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 190, 290, 390, 392, 394, 396 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): 35.100, 35.200, 35.300

A. Address

3851 ROGER BROOKE DR
FORT SAM HOUSTON TX 78234

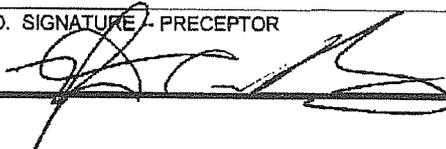
B. Materials License Number

42-01368-01

C. NAME OF PRECEPTOR (print clearly)

YONG C. BRADLEY

D. SIGNATURE - PRECEPTOR



E. DATE

20 June 06

**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
PATRICK E DAVIS

State or Territory Where Licensed
Nebraska, #23962

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 PATRICK E DAVIS 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 PATRICK E DAVIS 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

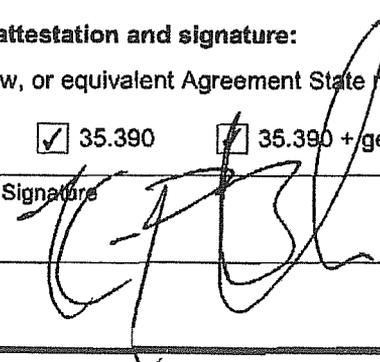
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 KEVIN P BANKS	Signature 	Telephone Number (210) 916-1906	Date 01/24/2011
License/Permit Number/Facility Name Brooke Army Medical Center 42-01368-01			

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

PATRICK E DAVIS

State or Territory Where Licensed

Nebraska, #23962

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

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			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	
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	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	Brooke Army Medical Center 42-01368-01	27Jul06 28Jul06 28Jan09
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
_____ (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
KEVIN P BANKS	Brooke Army Medical Center 42-01368-01
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

d. Provide completed Part II Preceptor Attestation.

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.

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 requested authorization:

For 35.390:

Board Certification

I attest that Patrick E Davis has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case
experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case
experience required in 35.394(c)(2).

Second Section

I attest that Patrick E Davis has satisfactorily completed the required clinical case
Name of Proposed Authorized User
experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Patrick E Davis has satisfactorily achieved a level of competency to
Name of Proposed Authorized User
function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

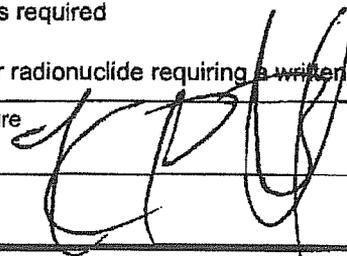
Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor KEVIN P BANKS	Signature 	Telephone Number (210) 916-1906	Date 01/24/2011
License/Permit Number/Facility Name Brooke Army Medical Center 42-01368-01			

The American Board of Radiology

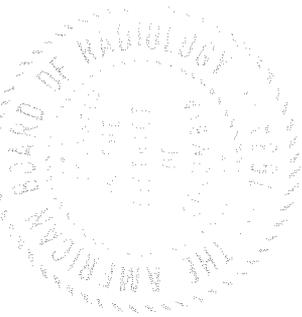
*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine*

Hereby certifies that

Patrick Edward Bauis, PhD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications, including
passing the examinations conducted under the authority of
The American Board of Radiology,
demonstrating to the satisfaction of the Board that he is qualified to practice,
and is therefore awarded the Board's certification in the specialty of*

AH Eligible



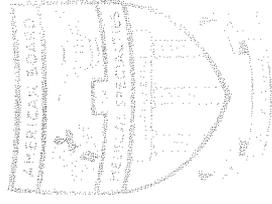
Diagnostic Radiology

Effective June 30, 2010

Sam J. Harris
President

Richard J. Moran
Secretary-Treasurer

Hayden P. ...
Executive Director



Certificate No. 58342

Valid through 2020

American Board of Radiology – Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Patrick Davis
Resident Name

Saushec
Program

420 4821248
Program #

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ($\leq 33\text{mCi}$).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Paul M. Sherman, MD
Residency Program Director
(Print Name)


Program Director
(Signature)

5 FEB 10
Date

American Board of Radiology – Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Patrick Davis
Resident Name

Saushec
Program

4204821248
Program #

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ($\leq 33\text{mCi}$).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Paul M. Sherman, MD
Residency Program Director
(Print Name)


Program Director
(Signature)

J.F. 3/10
Date

3-10-2011

DATE

This is to acknowledge the receipt of your letter/application dated 2-03-2011, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.

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

The action you requested is normally processed within 90 days.

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** 574575.
When calling to inquire about this action, please refer to this mail control number.
You may call me at (817) 860-8103.

Sincerely,

Cellean Murnahan

Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ARMY, DEPARTMENT OF THE
Received Date: 03/04/2011
Docket Number: 3002902
Mail Control Number: 574575
License Number: 35-10202-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan

Date: 3-4-2011

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____

DEPARTMENT OF THE ARMY

Reynolds Army Community Hospital
ATTN: Health Physics, PM
4301 Wilson St.
Fort Sill, OK 73503-9042

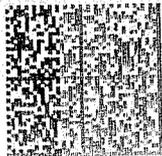
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

RECEIVED
FEB 25 2011
REGION IV

USNRC Region 4
ATTN: Licensing Assistant
612 E. Lamar Blvd Suite 400
Arlington, TX 76011-4125



02 1M
000 4224006
\$02.07⁰
FEB 25 2011
MAILED FROM ZIP CODE 73503



USNRC Region 4
ATTN: Licensing Assistant
612 E. Lamar Blvd Suite 400
Arlington, TX 76011-4125