

Attn: James Mullauer
USNRC, Region III
Nuclear Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

April 11, 2011

Re: NRC license 24-18968-01 amendment

Dear James:

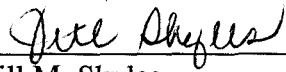
In accordance with NRC regulation 35.14 (a), this is a notification that we would like to amend License No. 24-18968-01 in order to:

- Add James Kelly, MD as a an Authorized User on the license for 10 CFR 35.100, 35.200, and 35.300 (for Iodine-131, oral administration of sodium iodide – 131 in quantities less than or equal to 33 millicuries).

A copy of Dr. Kelly's Board Certification from the American Board of Radiology for Diagnostic Radiology is attached along with appropriate preceptor statements. Dr Kelly was board certified in 2010 and is Authorized User Eligible.

Please direct questions to Richard A. Keys, M.A., 636-248-0353, should you need further information regarding this amendment for NRC License No. 24-18968-01.

Sincerely,



Jill M. Skyles
Vice President
Barnes Jewish St. Peters Hospital

RECEIVED APR 19 2011

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

James Edward Kelly, MD

*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*

AM Eligible

Diagnostic Radiology

Effective June 30, 2010



Certificate No. 59207

Ben J. Harris
President

Richard L. Morin
Secretary-Treasurer

Hayden S. ...
Executive Director



Valid through 2020

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)

James Edward Kelly Authorized User 10 CFR 35.190, 35.290, and 35.392

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

Missouri - 2010008618

3. CERTIFICATION See attached board certification

- Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35.590(a); continue if applying under other subparts.)
- 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).
- 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

- Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- 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).
- 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	NA	NA	NA
Radiation Protection	"	"	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	"	"
Radiation Biology	"	"	"
Chemistry of Byproduct Material for Medical Use	"	"	"
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
Eluting generators, measuring and testing the eluate, and processing the eluate with reagents kits to prepare labeled radioactive drugs	Barry A. Siegel, M.D.	Washington University NRC License No. 24-00167-11	7/1/06-6/30/10

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	35.392(c)(2)(vi)	4	1 or more listed in Item 10.	See Item 6a.	7/1/06 - 6/30/10

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
N/A		

* 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)
N/A			

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

Barry A. Siegel, M.D.

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

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

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

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) 190, 290, 392
as documented in section(s) 3, 6a., 6b. 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 35.392(c)(2)(vi)
types of use, as documented in section(s) 6b. 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 35.100, 35.200, 35.392 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 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

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

B. Materials License Number

24-00167-11

C. NAME OF PRECEPTOR (print clearly)

Barry A. Siegel, M.D.

D. SIGNATURE -- PRECEPTOR

E. DATE

6/9/10

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**10. (Additional) 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

Delphine L. Chen, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****10. (Additional) 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

Farrokh Dehdashti, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**10. (Additional) 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

Keith C. Fischer, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****10. (Additional) 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

Bennett S. Greenspan, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**10. (Additional) 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

Mark A. Mintun, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****10. (Additional) 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

Henry D. Royal, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**10. (Additional) 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

Akash Sharma, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****10. (Additional) 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

Jerold W. Wallis, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 57(b) (1) 190, 290, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Washington University in St. Louis
660 South Euclid Avenue
Campus Box 8053
St. Louis, MO 63110-1093

E. Materials License Number

24-00167-11


 Washington University in St. Louis

Environmental Health & Safety

Radiation Safety Office

April 23, 2010

TO: Whom It May Concern

FROM: Susan M. Langhorst, Ph.D., CFP 
Radiation Safety Officer

SUBJECT: Confirmation of Supervising Individuals Authorization for Medical Use of
Radioactive Materials

Medical use of radioactive materials at Washington University Medical Center is authorized under NRC License No. 24-00167-11, a Broad Scope Type A medical license. I confirm that the following Supervising Individuals are approved as Authorized Users for medical use of radioactive materials in 10 CFR 35.100 (uptake, dilution and excretion studies), 35.200 (imaging and localization studies for which a written directive is not required) and 35.300 (use of unsealed byproduct material for which a written directive is required).

Delphine L. Chen, M.D.
Farrokh Dehdashti, M.D.
Keith C. Fischer, M.D.
Bennett S. Greenspan, M.D.
Mark A. Mintun, M.D.

Henry D. Royal, M.D.
Akash Sharma, M.D.
Barry A. Siegel, M.D.
Jerold W. Wallis, M.D.

Please call me at (314) 362-2988 or at langhors@wustl.edu if you have any questions concerning this confirmation of medical use authorization.



5441 E. Williams Boulevard, Suite 200 • Tucson, Arizona 85711-4493
Phone (520) 790-2900 • Fax (520) 790-3200 • www.theabr.org

TRUSTEES

Bruce G. Haffty, M.D.
President
James P. Borgstede, M.D.
President-Elect
Richard L. Morin, Ph.D.
Secretary-Treasurer

Diagnostic Radiology

Dennis M. Balfe, M.D.
St. Louis, Missouri
Thomas H. Berquist, M.D.
Jacksonville, Florida
James P. Borgstede, M.D.
Denver, Colorado
John K. Crowe, M.D.
Scottsdale, Arizona
Lane F. Donnelly, M.D.
Cincinnati, Ohio
N. Reed Dunnick, M.D.
Ann Arbor, Michigan
Glenn S. Forbes, M.D.
Rochester, Minnesota
Donald P. Frush, M.D.
Durham, North Carolina
Milton J. Guiberteau, M.D.
Houston, Texas
Ella A. Kazerooni, M.D.
Ann Arbor, Michigan
Jeanne M. LaBerge, M.D.
San Francisco, California
Matthew A. Mauro, M.D.
Chapel Hill, North Carolina
Mary C. Mahoney, M.D.
Cincinnati, Ohio
Duane G. Mezwa, M.D.
Royal Oak, Michigan
Robert D. Zimmerman, M.D.
New York, New York

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
Lisa A. Kachnic, M.D.
Boston, Massachusetts
Dennis C. Shrieve, M.D., Ph.D.
Salt Lake City, Utah
Anthony L. Zielman, M.D.
Boston, Massachusetts

Radiologic Physics

G. Donald Frey, Ph.D.
Charleston, South Carolina
Geoffrey S. Ibbott, Ph.D.
Houston, Texas
Richard L. Morin, Ph.D.
Jacksonville, Florida

May 26, 2010

ABRID 59207 / DR / 5 / 41

Confirmation # 46E5E5EE

James Edward Kelly, MD
5519 Nottingham Ave
St. Louis, MO 63109

Dear Dr. Kelly:

I am pleased to inform you that you passed the oral examination held on May 23-26, 2010. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This ten-year time-limited certificate is valid through 2020. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portion of the nuclear radiology category, you will receive the AU-Eligible designation on your certificate.

Your certificate will be sent by our professional printing vendor, Jim Henry, Inc. to the above address in approximately four months. 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 June 25, 2010. 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. Please remember to notify the board immediately of any change of address.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD
Executive Director

Enclosures

Gary J. Becker, M.D., Executive Director

Assistant Executive Directors: Primary Certification
Diagnostic Radiology: Dennis M. Balfe, 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: Paul E. Walner, D.O.
Radiologic Physics: Stephen R. Thomas, Ph.D.
Administration: Jennifer L. Bosma, Ph.D.

Assistant Executive Directors: Maintenance of Certification
Diagnostic Radiology: James P. Borgstede, M.D.
Radiation Oncology: Anthony L. Zielman, M.D.
Radiologic Physics: G. Donald Frey, Ph.D.
Subspecialty Certification: Milton J. Guiberteau, M.D.



Residency Program: 26-03-09-2

59207

Jennifer Elise Gould, MD
Dept. of Diagnostic Radiology
Mallinckrodt Inst of Radiology
510 South Kingshighway
St. Louis, MO 63110

James Edward Kelly, MD
5519 Nottingham Ave
St. Louis, MO 63109

Dear Dr. Gould:

The above-named physician has indicated that training in your program will be completed on or before September 30, 2010. Since this candidate's admissibility to the board examination process is contingent upon having fulfilled the training requirements, please respond to the following and return this form to our office IMMEDIATELY.

Is this resident still in your department?

☒ Yes ☐ No

Will this candidate have completed a minimum of four months of training in Nuclear Radiology during their residency?

☒ Yes ☐ No

If not still in department...

What was the date of termination?

____ Month ____ Day ____ Year

Has this resident resumed training in another program?

☐ Yes ☐ No

If yes...

If known, please indicate name and address of new institution.

Please select the appropriate statement below and provide the required signatures.

A. I certify that in my judgement the above-named applicant will have achieved adequate professional qualifications and satisfactory completion of their training for admission to the ORAL examination in diagnostic radiology (pending passing the written examination).


Program Director Signature

B. I CANNOT certify that the above-named applicant will have achieved adequate professional qualifications and satisfactory completion of their training, and therefore is judged not to be prepared for the ORAL examination in diagnostic radiology. The applicant is NOT recommended for this examination at this time. (Required documentation, as defined on the American Board of Radiology website www.theabr.org, must be included.)

Program Director Signature

Fulltime Faculty Member Signature

Second Fulltime Faculty Member Signature

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>James Kelly

Resident Name

Mallinckrodt
Institute of Radiology

Program

26-03-09-02

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.....

☒ ☐This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ($\leq 33\text{mCi}$).....☒ ☐

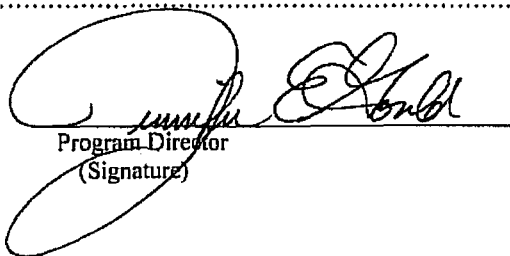
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....

☒ ☐

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.....

☒ ☐

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.....

☒ ☐Jennifer E. Gould, M.D.Residency Program Director
(Print Name)
Program Director
(Signature)2/17/10
Date

FORM B

I-131 Therapy Experience

James Kelly
Resident Name

26-03-09-02
Program & Number

Date
1. 4/17/07

Dose Administered
14.9 mCi

Preceptor (AU) Print & Sign Name

Dr. Keith Fischer

Print Name

Keith C Fischer

Sign Name

Dr. Jerold Wallis

Print Name

J Wallis

Sign Name

Dr. Keith Fischer

Print Name

Keith Fischer

Sign Name

Dr. Delphine Chen

Print Name

Delphine Chen

Sign Name

2. 4/18/07

12.5 mCi

3. 4/20/07

30.5 mCi

4. 5/3/07

31.8 mCi

Resident's Name: James Kelly

**NUCLEAR MEDICINE TECHNIQUES
PROFICIENCY EVALUATION
(Radiology Residents)**

Task	Date	Resident/ Instructor Initials
*1. Check pulse height analyzer (PHA) photopeak adjustment on the scintillation camera to determine if photopeak is centered in window.	5/4/07	PS
*2. Perform field uniformity check on a scintillation camera and identify if uniformity is acceptable.	5/4/07	PS
*3. Perform spatial resolution check on a scintillation camera and identify if acceptable for camera.	5/4/07	PS
*4. Perform weekly review of camera quality control data and archive printouts.	12/4/07	BS
*5. Operate a gas-filled detector for area surveys.	4/18/07	DS
6. Perform a Xenon-133 ventilation study.		
7. Perform a perfusion lung scan.		
8. Perform a renal scan.		
9. Process a split renal function study.		
10. Process a diuretic renal study.		
11. Acquire an RVG.		
12. Process an RVG.		
13. Perform a myocardial SPECT study.		
*14 Check stability of thyroid uptake probe.	5/4/07	PS
*15 Perform and calculate thyroid uptake.	4/18/07	DS

* NRC essential

James Kelly MD
Resident's Signature

Date

Nuclear Medicine Proficiency Form- Pharmacy

*12.	Calculate activity to be administered for diagnostic procedures.	5/4/07	sc / JK
*13.	Dose-drawing of the radiopharmaceutical into a syringe, using aseptic technique and proper radiation safety precautions.	5/4/07	sc / JK
*14.	Note appropriate radiopharmaceutical record keeping for the dispensed dose.	5/4/07	sc / JK
*15.	Observe & discuss proper radioactive waste storage including holding method for decay in storage.	5/4/07	sc / JK
*16.	Daily constancy of response for dose calibrator and how to determine that response is within acceptable limits.	5/4/07	sc / JK
*17.	Discuss accuracy testing of dose calibrator using acceptable reference standards.	5/4/07	sc / JK
*18.	Discuss linearity testing of the dose calibrator over the entire range of radionuclide activity to be measured.	5/4/07	sc / JK
*19.	Discuss use of Calichek tubes for linearity testing of the dose calibrator.	5/4/07	sc / JK

* NRC essential

Janet Koo MD
Resident's Signature

5/4/07
Date

Resident's Name: James Kelly

**NUCLEAR PHARMACY
PROFICIENCY EVALUATION
(Radiology Residents)**

	Task	Date	Resident/ Instructor Initials
*1.	Receiving radiopharmaceuticals and log results of package wipe tests and monitoring.	5/4/07	SC / JKL
*2.	Generator elution using aseptic technique.	5/4/07	SC / JKL
*3.	Assay the generator eluate aliquot using a dose calibrator to determine concentration and total eluate activity.	5/4/07	SC / JKL
*4.	Note how the generator assay results and time are recorded in the computer record.	5/4/07	SC / JKL
*5.	Eluate checks performed for radionuclidic purity and aluminum contamination and recording of the results.	5/4/07	SC / JKL
*6.	Determine within activity limits the total volume and radioactivity to be added to a radiopharmaceutical kit. Record the volume of the generator eluate used.	5/4/07	SC / JKL
*7.	Preparation of radiopharmaceutical kit including assay for each lot of material.	5/4/07	SC / JKL
*8.	Determine total activity assay in radiopharmaceutical reaction vial using a dose calibrator and the subtraction method.	5/4/07	SC / JKL
*9.	Assess all radiopharmaceutical preparation for proper pH, color, clarity, and particle size (if appropriate) and record on radiopharmaceutical assay form.	5/4/07	SC / JKL
*10.	Determine elapsed time between initial and required assay of a radiopharmaceutical for quantification of activity	5/4/07	SC / JKL
*11.	Calculate activity concentration remaining using the appropriate decay factor for time elapsed.	5/4/07	SC / JKL

BARNES-JEWISH
St. Peters Hospital

BIC HealthCare™

Hasler

04/13/2011

US POSTAGE

FIRST-CLASS MAIL
PRESORT
SRT

\$01.43



ZIP 63110
011D12601696

USNRC, Region III
Nuclear Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352
Attn: James Mullauer