

March 13, 2012

United States Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352
01

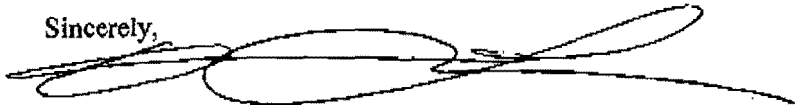
Re: USNRC Materials License No. 13-32537-

Dear Sir/Madam:

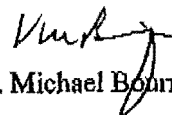
Please let this correspondence serve as an amendment request for the following changes and/or modifications to our current USNRC Materials License. I would like to add Dr. Douglas Nam as an Authorized User to this Materials License.

If additional information is required, you may contact me at (765)374-0097 at your convenience.

Sincerely,



Dr. Chao-wen Lee, RSO (in transition), M.D. F.A.C.C., F.A.C.P., F.C.C.P.



Dr. V. Michael Bournique, M.D./Current RSO

Cc: USNRC Correspondence file

EMORY HEALTHCARE

EMORY UNIVERSITY HOSPITAL

Nuclear Medicine/Nuclear Cardiology Physics Training Report

Name: Doug Nam

Class: 2010-11

DIDACTIC OR CLASSROOM AND LABORATORY TRAINING

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	EUH	43.2	8/11 – 6/12
Radiation Protection	EUH	6.6	8/11 – 6/12
Mathematics and Statistics	EUH	10.4	8/11 – 6/12
Radiobiology	EUH	12.3	8/11 – 6/12
Radiopharmaceutical Chemistry	EUH	8.5	8/11 – 6/12
Other			
Total:		81.0	

WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Supervision Individual	Location	Dates of Experience
Ordering, receiving and unpacking radioactive materials safely and performing the related radiation surveys	Bajat Faraj, PhD	EUH	6/8/2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Ike Hall, CHP, CSP	EUH	9/9/2010
Calculating, measuring, and safely preparing patient or human research subject dosages	Bajat Faraj, PhD	EUH	6/8/2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Ike Hall, CHP, CSP	EUH	9/9/2010
Administering dosages of radioactive drugs to patients or human research subjects	Jim Fitz, CNMT	EUH	6/8/2011
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for for radionuclidic purity , and processing the elauate with reagent kits to prepare lobeled radioactive drugs.	Bajat Faraj, PhD	EUH	6/8/2011
SPECT Camera Quality Control	James Galt, PhD	EUH	10/14/2010

Apr. 6. 2012 11:16AM
Mar. 1. 2012 12:01PM

No. 3576 P. 4/7
No. 2241 P. 4

NRC FORM 313A (AUI) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.580]	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012

Name of Proposed Authorized User <i>Dr Douglas K. Nam</i>	State or Territory Where Licensed <i>Indiana</i>
Requested Authorization(s) (check all that apply)	
<input 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 35.390 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)

NRC FORM 313A (AUG 2009) 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	EMORY UNIVERSITY HOSPITAL	43.2	8/10 - 6/11
Radiation protection	EMORY UNIVERSITY HOSPITAL	6.6	8/10 - 6/11
Mathematics pertaining to the use and measurement of radioactivity	EMORY UNIVERSITY HOSPITAL	10.4	8/10 - 6/11
Chemistry of byproduct material for medical use (not required for 35.590)	EMORY UNIVERSITY HOSPITAL	8.5	8/10 - 6/11
Radiation biology	EMORY UNIVERSITY HOSPITAL	12.3	8/10 - 6/11

Total Hours of Training: 81

**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	EUN	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/8/2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	EUN	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/9/2010

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
 (3-2009) 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	EUH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/8/2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	EUH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/9/2010
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	EUH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/9/2010
Administering dosages of radioactive drugs to patients or human research subjects	EUH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/8/2011
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	EUH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/8/2011

Supervising individual: *FABIO ESTEVES*
 License/Permit Number listing supervising individual as an authorized user: GA 153-1

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 35.690 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)
(2-2009)

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 35.500)

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(o)(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 DOUGLAS K. NAM 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

Fabio P. Esteves

Signature

Telephone Number

404-712-4843

Date

03/06/12

License/Permit Number/Facility Name

HEART



PARTNERS
of Indiana LLC

Fax

To: Sara Forrester
Fax: 630-515-1078

From: Sue Billman (317-752-8337)
Pages: 7

Phone:

Date: 4/6/12

Re: Control # 576886

CC:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

• Comments:

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