



**Children's National**  
Medical Center

111 Michigan Avenue, N.W.  
Washington, DC 20010-2970

Br. 1

August 20, 2012

U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406

Dear Sir/Madam:

03001323

Reference is made to Children's National Medical Center's NRC license #08-03309-01. Children's National Medical Center requests an amendment to our license to add Dr. Jason Tsai as an Authorized User for use of unsealed <sup>131</sup>I with activity ≤ 30 mCi in the treatment of hyperthyroidism. The Radiation Safety Committee has approved Dr. Tsai as an "Authorized User" meeting the requirements of 10 CFR 35.392. Documentation of Dr. Tsai's ABR certification in Diagnostic Radiology with "AU Eligible" indicated and his preceptor attestation are enclosed.

Thank you for your help in this matter.

Sincerely,

Thomas Fearon, Ph.D.  
Radiation Safety Officer

RECEIVED  
REGION I  
2012 AUG 27 8:00  
pm 2:20

579040

NMSS/RGN1 MATERIALS-002

NRC FORM 313A (AUT)  
(05-2012)

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

*NAYER MIKHOOR MD.*

*tufts Medical Center / 60-0160*

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 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)	3	<i>tufts Medical Center</i> <i>60-0160</i>	
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	<i>N/A</i>		
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	<i>N/A</i>		
Parenteral administration of any other radionuclide for which a written directive is required	<i>N/A</i>		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (List radionuclides)			

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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

*NAYER NIKFOOR M.D.*

*Tufts Medical Center / 60-0160*

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 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.

**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 *Jason Tsai* 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 *Jason Tsai* 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

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**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 Jason Tsai 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 Jason Tsai 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 Jason Tsai 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 Jason Tsai 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

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(08-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**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 <i>MAYRA MIKPOOR MD.</i>	Signature <i>Mikpoor</i>	Telephone Number <i>617-636-6339</i>	Date <i>07/31/2012</i>
License/Permit Number/Facility Name <i>TUFTS Medical Center / 60-0160</i>			

# 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

**Jason Tsai, 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 qualification  
to practice; and is therefore awarded the Board's certification in the specialty of

**Diagnostic Radiology**

AH Eligible

ABR

July 01, 2011



Certificate No. 59506

This diplomate of the American Board of Radiology  
is now permitted to use the **ABR** mark to signify this certification.

*Gene J. H... ..*  
President

*Richard T. Morin*  
Secretary-Treasurer

*Hayden ... ..*  
Executive Director



Valid through 2021

Form B

I-131 Therapy Experience

Tsai Jason MD.  
Resident Name

Nuclear Medicine  
Program & Number

	<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print &amp; Sign Name</u>
1.	<u>11/20/07</u>	<u>134.6 mCi</u>	<u>NAYER NIKPOOR MD</u> Print Name <u>Nayer Nikpoor</u> Sign Name
2.	<u>12/05/07</u>	<u>150 mCi</u>	<u>NAYER NIKPOOR MD</u> Print Name <u>Nayer Nikpoor</u> Sign Name
3.	<u>06/21/08</u>	<u>108 mCi</u>	<u>NAYER NIKPOOR MD</u> Print Name <u>Nayer Nikpoor</u> Sign Name
4.	<u>05/17/10</u>	<u>9.8 mCi</u>	<u>NAYER NIKPOOR MD</u> Print Name <u>Nayer Nikpoor</u> Sign Name
5.	<u>07/21/10</u>	<u>12.5 mCi</u>	<u>NAYER NIKPOOR MD</u> Print Name <u>Nayer Nikpoor</u> Sign Name
6.	<u>12/2/10</u>	<u>12.3 mCi</u>	<u>NAYER NIKPOOR MD</u> Print Name <u>Nayer Nikpoor</u> Sign Name

NRC FORM 313A (AUT)  
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**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. 3160-0120  
EXPIRES: (06/31/2016)

Name of Proposed Authorized User

Jason Tsai

State or Territory Where Licensed

DC, MD, VA

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.



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(05-2012)

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  35.395

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	tufts Medical Center		
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
<b>Total Hours of Training:</b>		<b>80</b>	

b. Supervised Work Experience  35.390  35.392  35.394  35.395

*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:** 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	Has completed 700 hours of training and experience in tufts Medical Center 60-0160	<input checked="" type="checkbox"/> Yes	
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"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input checked="" type="checkbox"/> Yes	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input checked="" type="checkbox"/> Yes	
		<input type="checkbox"/> No	

This is to acknowledge the receipt of your letter/application dated

8/20/12, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (08-03309-01)  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

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

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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** 579040.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.