

**Torres, RobertoJ**

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**From:** Purcellcastro, Jaime A V CPT MIL USA USAMEDCOM  
[saint.antonio.purcellcastro@us.army.mil]  
**Sent:** Monday, September 24, 2012 1:10 PM  
**To:** Torres, RobertoJ  
**Subject:** AU addition and added informaiton  
**Attachments:** LTC Tripp AU 313A and board certification.pdf

Sir,

The AU amendment documents are attached in this message. Dr. Cyrus Partington, signed the 313A form attesting for Dr. Tripp certification.

thank you

Sincerely;

Jaime A Purcell CPT, MS  
EACH  
"bis vincit qui se vincit in victoria"  
off. 719 526 7047() (DSN 691)

RECEIVED

SEP 24 2012

DNMS



DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
1650 COCHRANE CIRCLE  
FORT CARSON, CO 80913-4604

REPLY TO  
ATTENTION OF

MCXE-PMD-RSO (11-9k)

24 September 2012

MEMORANDUM FOR U.S. Nuclear Regulatory Commission Region IV, Material Radiation Protection Section, 11 Ryan Plaza Drive, Suite 1000, Arlington, TX 76011

SUBJECT: Request Amendment to Nuclear Regulatory Commission (NRC) Byproduct Materials License, No. 05-26854-01

1. Request that Evans Army Community Hospital's Byproduct Materials License No. 05-26854-01 be amended to add LTC Courtney T. Tripp as an authorized user.
2. LTC Courtney T. Tripp possesses the preceptor documents to attest that he has met the training requirements under 10 CFR 200.
3. LTC Courtney T. Tripp is authorized for the administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries.
4. Dr. Cyrus W. Partington attests for LTC Courtney T. Tripp Board Certification on the NRC 313A.
5. Point of contact for this action is the Radiation Safety Office.
  - a. Telephone: (719) 526-7047
  - b. Address: Department of the Army  
Evans Army Community Hospital  
Radiation Safety Office  
ATTN: MCXE-PMD-RSO  
1650 Cochrane Circle  
Fort Carson, CO 80913-4604

RECEIVED

SEP 24 2012

DNMS

JAIME A. PURCELL  
CPT, MS  
Chief, Radiation Safety Officer

**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: (05/31/2015)

Name of Proposed Authorized User  
Courtney, Tripp T.

State or Territory Where Licensed  
Colorado

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)

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 Courtney, Tripp T. 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 Courtney, Tripp T. 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	Signature	Telephone Number	Date
Courtney, Tripp T.	<i>Courtney Tripp T.</i>	719.526.79	09/21/2012

License/Permit Number/Facility Name  
05-26854-01/ Evans Army Community Hospital Fort Carson Colorado 80913

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
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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)**

**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			
<b>Total Hours of Training:</b>			

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	

# 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 Therapeutic Radiology and Oncology, the Association of  
 University Radiologists, and American Association of Physicians in Medicine  
*They certify that*

## Quintney Olin Gray, MD

Has pursued an accepted course of graduate study  
 and clinical work, has met certain standards and qualifications and  
 has passed the examinations conducted under the authority of  
 The American Board of Radiology

On this ninth day of June, 2014

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

**Diagnostic Radiology**



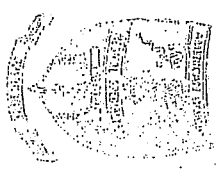
Certificate No. 51775

*William H. ...*  
 President

*Ray O. Wilson*  
 Secretary-Treasurer

*F.R. Harty*  
 Executive Director

Printed through 2014



U.S. Army Medical Department



*This is herewithly noted*

Courtney John Tripp, D.O., Medical Corps, (MSSAF)

*has successfully completed*

Residency Training in Diagnostic Radiology

*at*

Tripler Army Medical Center, Honolulu, Hawaii

*From*

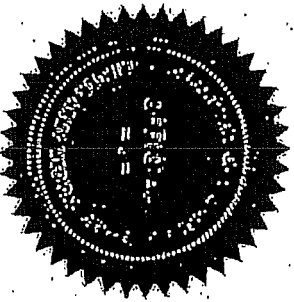
July 1, 2000

*to*

June 30, 2004

*Gregory B. ...*

Gregory B. ...  
Lieutenant Colonel, Medical Corps  
Program Director, Diagnostic Radiology



*Joseph G. ...*

Joseph G. ...  
Major General, MSSAF  
Commanding



DEPARTMENT OF THE ARMY  
LANDSTUHL REGIONAL MEDICAL CENTER  
CMR 402  
APO AE 09180

MCEUL-PM-HP

30 December 2008

MEMORANDUM FOR Radiation Control Committee (RCC) Members

SUBJECT: LRMC Authorized Users of Radioactive Materials

1. The following personnel are authorized users of radioactive materials.

a. Nuclear Medicine (Diagnostic Only):

Sauter, Stephen, COL, MC  
Huber, Michael, MAJ, MC  
Kuxhaus, Lee, MAJ, MC  
Tujo, Charles, LTC, MC

b. Nuclear Medicine (Diagnostic & Therapy):

Davison, Jonathon, MAJ, MC  
Tripp, Courtney T., MAJ, MC  
Vaidya, Neel, CPT, MC  
Stack, Aaron, LTC, MC  
Dunagin, Percy E., COL(Ret), Red Cross Volunteer if needed

2. Radiation Safety Officer(s) are as follows:

Walkingstick, Michael, CPT, MS  
Davison, Jonathon, MAJ, MC

3. Point of Contact is the undersigned at DSN 486-7978/8282.

WALKINGSTICK MICHAEL T. 275048824

MICHAEL WALKINGSTICK  
CPT, MS  
C, Health Physics LRMC

DEPARTMENT OF THE ARMY  
LANDSTUHL REGIONAL MEDICAL CENTER  
CMR 402  
APO AE 09180

MCEUL-PM-HP

28 January 2008

MEMORANDUM FOR Radiation Safety Committee (RSC) Members

SUBJECT: LRMC Authorized Users of Radioactive Materials

1. The following personnel are authorized users of radioactive materials.

a. Nuclear Medicine (Diagnostic Only):

Ashley, Ricanthony, LTC, MC  
Huber, Michael, MAJ, MC  
Graham, James M., MAJ, MC  
Sauter, Stephen, COL, MC  
Kuxhaus, Lee, MAJ, MC  
Hill, Patrick, MAJ, MC  
Tujo, Charles LTC, MC

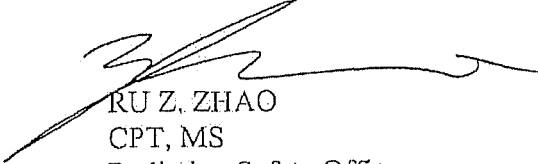
b. Nuclear Medicine (Diagnostic & Therapy):

Davison, Jonathan, CPT, MC  
Tripp, Courtney T., MAJ, MC  
Dunagin, Percy E., COL (Ret), Red Cross Volunteer if needed

2. Radiation Safety Officer(s) are as follows:

Zhao, Ru, CPT, MS  
Davison, Jonathan, MAJ, MC

3. Point of Contact is the undersigned at DSN 486-7978/8282.



RU Z. ZHAO  
CPT, MS  
Radiation Safety Officer