



DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
FORT BRAGG, NORTH CAROLINA 28310

October 9, 2012

Br. 1

REPLY TO
ATTENTION OF:

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region
2100 Renaissance Boulevard, Suite 100,
King of Prussia, PA 19406-1415

Dear Sir or Madam:

03002631


Womack Army Medical Center wishes to amend its byproduct material license number 32-04054-04 as follows:

- a. Change of Hospital Commander. I, the undersigned, am the current Commander for Womack Army Medical Center; Colonel Brian Canfield has retired from military service.
- b. Add Dr. John F. Sheppard, M.D. The Radiation Safety Committee met in August and approved him as meeting the requirements for 35.100, and 35.200. Dr. Sheppard's Board Certificate and Preceptorship is enclosed.
- c. Remove Dr. Andrew Frederick Nelson, M.D., and Dr. Ida M. Santiago-Maldonado, M.D., since they no longer work at Womack.

Should you have any questions concerning this request, please contact Captain Gary L. Hall at (910) 907-8364 or email at gary.hall1@us.army.mil.

Sincerely,

Enclosures


Steven J. Brewster
Colonel, US Army
Commanding

REC'D IN LAT 10/15/12

579261
NMSS/RGN1 MATERIALS-002

APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submitting the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-5 R63), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to: info@nrc.gov and to the Desk Officer, Office of Information and Regulatory Affairs (NEED-1020) (1140-0175), Office of Management and Budget, Washington, DC 20503. If a means used to improve information collection does not display a publicly valid OMB control number the NRC may not conduct or sponsor it and a person is not required to respond to the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION REGION
2102 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2112

IF YOU ARE LOCATED IN

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN.
SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH I
U.S. NUCLEAR REGULATORY COMMISSION REGION II
2443 WARRENVILLE ROAD, SUITE 210
Lisle, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING.

SEND APPLICATIONS TO

NO. 100 FOR MATERIALS LICENSES BRANCH
U.S. NUCLEAR REGULATORY COMMISSION REGION IV
1500 E. LAMAR BOULEVARD
ARLINGTON, TX 76010-4147

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

<p>1. THIS IS AN APPLICATION FOR: (Check appropriate item)</p> <p><input type="radio"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>32-04054-04</u></p> <p><input type="radio"/> C. RENEWAL OF LICENSE NUMBER</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (include ZIP code)</p> <p>Commander, Department of the Army Womack Army Medical Center (MCXC-DPM-RP) 2817 Reilly Road Fort Bragg, NC 28310-7301</p>
---	---

<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Womack Army Medical Center Building 4, Nuclear Medicine Service 2814 Reilly Road, Fort Bragg, NC 28310-7301</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Captain Gary L. Hall</p> <table border="1"> <tr> <td>BUSINESS TELEPHONE NUMBER</td> <td>BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td>(910) 907-8364</td> <td></td> </tr> <tr> <td colspan="2">BUSINESS E-MAIL ADDRESS</td> </tr> <tr> <td colspan="2">gary.hall1@us.army.mil</td> </tr> </table>	BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER	(910) 907-8364		BUSINESS E-MAIL ADDRESS		gary.hall1@us.army.mil	
BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER								
(910) 907-8364									
BUSINESS E-MAIL ADDRESS									
gary.hall1@us.army.mil									

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11 PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.


<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number, b. chemical and/or physical form, and c. the initial amount which will be possessed at any one time</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p>				
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p>				
<p>9. FACILITIES AND EQUIPMENT</p>	<p>10. RADIATION SAFETY PROGRAM</p>				
<p>11. WASTE MANAGEMENT</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table border="1"> <tr> <td>FEE CATEGORY</td> <td>AMOUNT ENCLOSED</td> </tr> <tr> <td></td> <td>5</td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED		5
FEE CATEGORY	AMOUNT ENCLOSED				
	5				

13. CERTIFICATION (Must be completed by applicant). THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT NAMED IN ITEM 10 CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30.32, 33.34, 35.35, 38.35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001(A)(2) OF JUNE 25, 1996 (18 USC 1001) MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

GRANTING OFFICER - TYPE PRINTED NAME AND TITLE: Colonel Steven J. Brewster, U.S. Army, Commanding

SIGNATURE: 

DATE: _____

FOR NRC USE ONLY

TYPE OF FEE	FFF LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			5		

APPROVED BY: _____ DATE: _____

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

John Edward Sheppard, DO

*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*

Diagnostic Radiology

Effective June 30, 2010

Gene J. Kravitz
President

Richard T. Morin
Secretary-Treasurer

Hayden Schaefer
Executive Director



Certificate No. 59832

Valid through 2020

**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

State or Territory Where Licensed

John E. Sheppard

Nebraska

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	Madigan Army Medical Center Tacoma, WA 98431	60	July 2006-June 2010
Radiation protection	Madigan Army Medical Center Tacoma, WA 98431	5	July 2006-June 2010
Mathematics pertaining to the use and measurement of radioactivity	Madigan Army Medical Center Tacoma, WA 98431	5	July 2006-June 2010
Chemistry of byproduct material for medical use	Madigan Army Medical Center Tacoma, WA 98431	5	July 2006-June 2010
Radiation biology	Madigan Army Medical Center Tacoma, WA 98431	5	July 2006-June 2010
Total Hours of Training:		80	

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: 960	
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	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2006-June 2010
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2006-June 2010
Calculating, measuring, and safely preparing patient or human research subject dosages	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2006-June 2010
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2006-June 2010
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2006-June 2010

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 Yang-EN Kao	License/Permit Number listing supervising individual as an authorized user 46-02645-03
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<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.	

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	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	July 2006-June 2010
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	July 2006-June 2010
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
Yang-EN Kao	46-02645-03
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 John E. Sheppard 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)

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

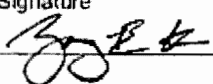
Complete the following for preceptor attestation and signature:

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 Yang-EN Kao	Signature 	Telephone Number (253) 968-5604	Date 17 Jun 2010
License/Permit Number/Facility Name 46-02645-03 Madigan Army Medical Center			

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

10/9/12, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (32-04054-04)
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

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** 579261.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.